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SEP 2 5 2020

DEPARTMENT OF WATER RESOURCES

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE	USE ONLY
Amt, of Fee \$	50
Receipt No.	109215
Receipted By	par
Date Receipted	9.25.202

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use to the extent described below. This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1.	Permit No	5	Telephone No.	208-371	-4030	7	
2.	Name of Permit Holder(s)	Avio Scages					
3.	Mailing Address 9408	W. Burnett D	11	City Base		•	
	State Zip			nmitbolse.	ner		
4.	Source of Water Croundwater Well If GROUND WATER (well), Date Drilled mo. 1 /yr. 2016						
	Well Driller Adamson Pump - Drolling Navarre Drilling Permit Number D 0071675 (well Tag #)?						
5.	5. Extent of use(s) completed as authorized by the water right permit:						
	Domestic (No. of households)	Stockwater (No. a	and type of stock)				
	Irrigation (No. of acres) 1.5						
6.	Total rate of diversion or storage	volume for which proof is	submitted 0,05	cfs OR	acre-	-feet.	
	Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.						
	Measuring Device	Is a measuring device If yes, has the measuring	•	alled?	Yes □ Yes □	No ⊠ No □	
	Lockable Controlling Device	Is a lockable device red If yes, has the lockable of			Yes □ Yes □	No ⊠ No □	
	Fish Screen	Is a fish screen require If yes, has the fish scree			Yes □ Yes □	No ⊠ No □	
	Other Conditions of Permit						
	nection with on.	h your proof of					
				Completed?		No □	
8.	Fee Enclosed \$ or no Proof statements filed without an	ot applicable □. See fee s appropriate fee, will be co	schedule on page onsidered incompl	2 of the instructions ete.	i.		
9.	Person to contact to accompany the Department representative during field examination of the water system.						
	Name Davis Scaggs	Te	lephone Number	208-371.4)39		
	Mailing Address 9408	W. Burnett Dr.		City Boise			
	State Zip 83	709 Email <u>ds</u>	caggs & su	mmit boise.	net		
ae	e information given on this forn veloped and water has been div permit is relinquished to the S	erted and applied to a be	f the extent to wheneficial use. I un	derstand that any	undevelop	ped portion of	
Sig	nature of Permit Holder			Date	9/16	12020	
~		clude your title, if on behalf o	of company or organ	ization)		1	