

RECEIVED

AUG 31 2020

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	<u>50</u>
Receipt No.	<u>C109200</u>
Received By	<u>KH</u>
Date Received	<u>8-31-2020</u>

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.

- Permit No. 97-7569 Telephone No. 208-448-0900
- Name of Permit Holder(s) MARGARET MORTON-SOUTHSTONE TRUST
- Mailing Address P.O. BOX 2522 City PRIEST RIVER
State ID Zip 83856 Email pinecreekart@gmail.com
- Source of Water PRIEST RIVER If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller _____ Drilling Permit Number _____
- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) 1 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 1/2 Other _____
- Total rate of diversion or storage volume for which proof is submitted .04 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 required?

Yes ☐ No ☒

If yes, has the measuring device been installed?

Yes ☐ No ☒

Lockable Controlling Device

Is a lockable device required to control the diversion?

Yes ☐ No ☒

If yes, has the lockable device been installed?

Yes ☐ No ☒

Fish Screen

Is a fish screen required?

Yes ☒ No ☐

If yes, has the fish screen been installed?

Yes ☒ No ☐**Other Conditions of Permit**

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

N.A. Completed? Yes ☐ No ☐

- Fee Enclosed \$ 50 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.

- Person to contact to accompany the Department representative during field examination of the water system.

Name MARGARET MORTON-SOUTHSTONE Telephone Number 208-448-0900
Mailing Address PO BOX 2522 City PRIEST RIVER
State ID Zip 83856 Email pinecreekart@gmail.com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder

Margaret Morton-Southstone
(Include your title, if on behalf of company or organization)

Date August 24, 2020

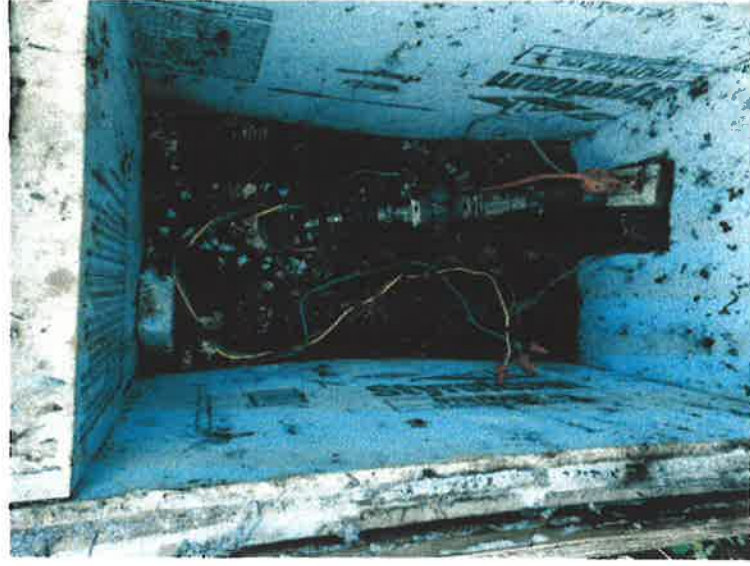
PIPE INTO CABIN



INMATE WITH 1 1/2" VULCAN



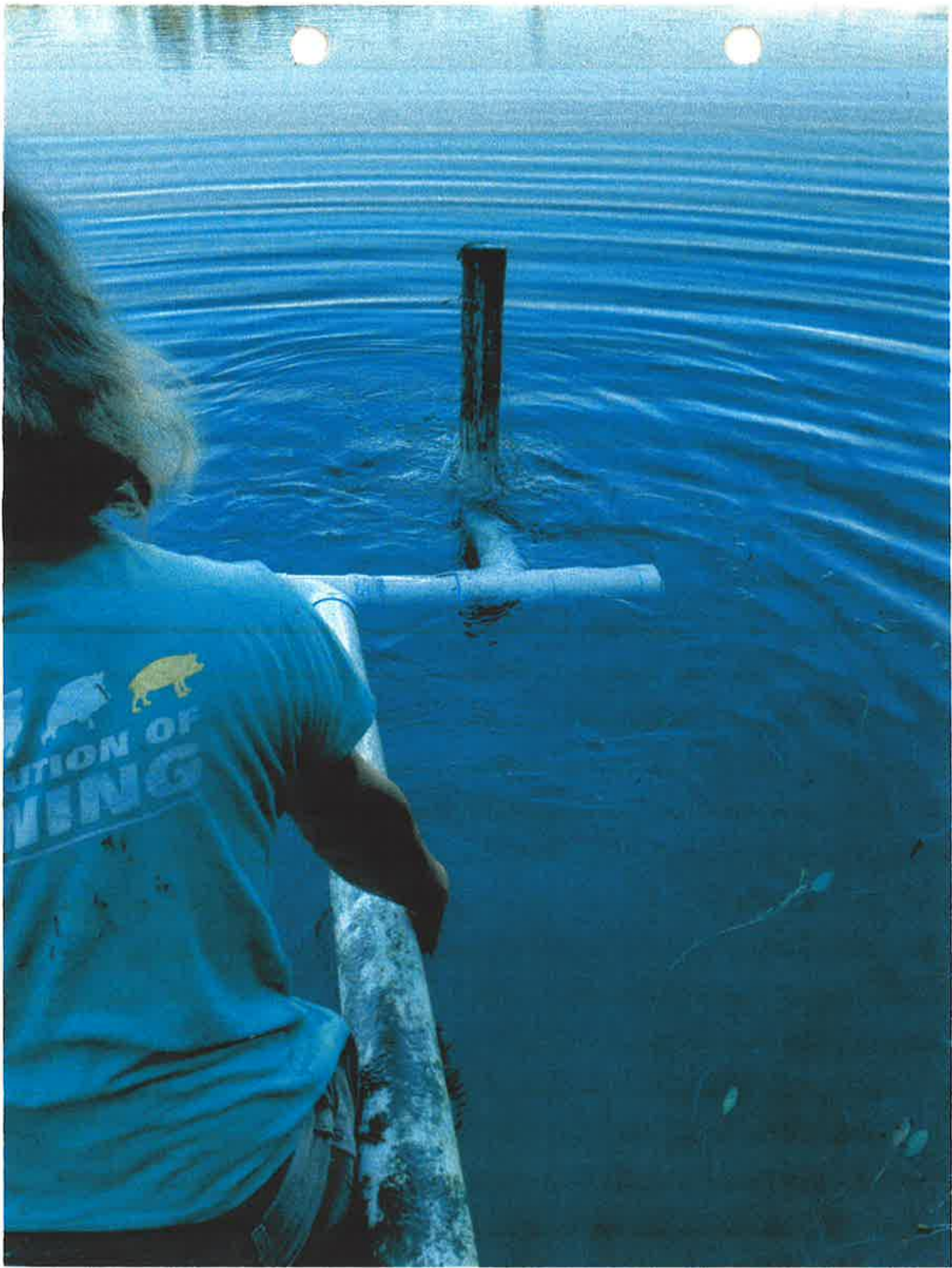
PUMP



OUTGOING FROM PRESSURE TANK
TO HOUSE PLUMBING - IRRIGATION



INCOMING PIPE FROM RIVER



ENLARGEMENT OF INTAKE
WITH FISH SCREEN