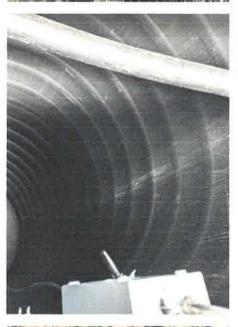
RECEIVED						
AUG 1 0 2020	STATE OF IDAHO DEPARTMENT OF WATER RESOURCES	FOR OFFIC Amt. of Fee \$_	E USE ONLY			
	STATEMENT OF COMPLETION	Receipt No.	C169127			
DEPARTMENT OF WATER RESOURCES	FOR CURWITTING PROOF OF PENIFFICIAL LISE	Receipted By _ Date Receipted				
has been completed and that accompanied by an examination water right examiner. Please re any Department office or visit the	Resources considers this form a statement by the permit holder(s) that water has been applied to beneficial use to the extent described on fee, when necessary, or by a completed Beneficial Use Field Rep efer to the instructions and fee schedule for this form. If ownership of the Department's website at idwr.idaho.gov for an Assignment of Permit ot established the authorized use of the water and are not applying for a	below. This port prepare permit has cl form. If you w	form must be d by a certifie hanged, contact rish to relinquis			
1. Permit No. <u>92 - 110</u>						
2. Name of Permit Holder(s)	Matthew P. Brown and Jennifer L.	Brown				
3. Mailing Address 11259	N. Cutlass St City Hayd	en				
State <u>FD</u> Zip <u>838</u>	35 Email rodeo j714 @ gmail.c	om				
4. Source of Water Spriv	If GROUND WATER (well), Date Drilled	mo	/уг			
		Drilling Permit Number				
5. Extent of use(s) completed	as authorized by the water right permit:					
Domestic (No. of household	ds) Stockwater (No. and type of stock)	κ'				
	1/2Other					
6. Total rate of diversion or sto	orage volume for which proof is submitted 0.04 cfs OR	acre-	feet.			
Refer to the approval condi	ng device requirement, lockable controlling device requirement, and/o tions on your permit and respond accordingly. ssue a license if permit conditions are not met.	or other cond	itions of permi			
Measuring Device	Is a measuring device required? If yes, has the measuring device been installed?	Yes □ Yes □	No 🗾			
Lockable Controlling Device	e Is a lockable device required to control the diversion? If yes, has the lockable device been installed?	Yes 🗌 Yes 🗍	No 🖸 No 🔲			
Fish Screen	Is a fish screen required? If yes, has the fish screen been installed?	Yes 🗋 Yes 🗋	No 🛛 No 🗆			
Other Conditions of Perm						
	on your permit require you to submit additional information in come conditions below and attach documents with the required information		n your proof o			
	Complete	d? Yes 🗹	No 🗌			
	O or not applicable □. See fee schedule on page 2 of the instructio out an appropriate fee, will be considered incomplete.	ns.				
9. Person to contact to accom	pany the Department representative during field examination of the	e water syste	em.			
Name Matthew &	Jennifer Brown Telephone Number 208 - 755	-4258				
Mailing Address 11259	N. Cutlass St City Hayd	en				
State ID Zip 838						
	is form is my true statement of the extent to which the above ne en diverted and applied to a beneficial use. I understand that an the State of Idaho.					

Signature of Permit Holder	0	(Include your title, if on behalf of company or organization)	Date	8-2-2020
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Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

GPS coordinates 47.15861, -116 5088 OMS 47" 0, 31.03"N 116" 33' 03.19"









UTM 11T634043.04M 5222888.31M