

JUN 29 2020

DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00

Receipt No. C108972

Received By KM

Date Received 6-29-2020

1. Permit No. 95-17278 Telephone No. 509-869-9494

2. Name of Permit Holder(s) MSHS LLC

3. Mailing Address PO Box 371 City Athol

State ID Zip 83801 Email beckybunker14@yahoo.com

4. Source of Water Under Ground Spring If **GROUND WATER** (well), Date Drilled mo. / yr.

Well Driller _____ Drilling Permit Number _____

5. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. of households) _____ Stockwater (No. and type of stock) _____

Irrigation (No. of acres) 3 Other Fire Suppression

6. Total rate of diversion or storage volume for which proof is submitted _____ cfs OR unknown acre-feet.

7. 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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?
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Yes ☐ No ☒

If yes, has the lockable device been installed?

Yes ☐ No ☐

Fish Screen	Is a fish screen required?
1. Fish screen	Yes
2. Fish screen	Yes
3. Fish screen	Yes
4. Fish screen	Yes
5. Fish screen	Yes
6. Fish screen	Yes
7. Fish screen	Yes
8. Fish screen	Yes
9. Fish screen	Yes
10. Fish screen	Yes
11. Fish screen	Yes
12. Fish screen	Yes
13. Fish screen	Yes
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93. Fish screen	Yes
94. Fish screen	Yes
95. Fish screen	Yes
96. Fish screen	Yes
97. Fish screen	Yes
98. Fish screen	Yes
99. Fish screen	Yes
100. Fish screen	Yes

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.

Completed? Yes ☐ No ☒

8. Fee Enclosed \$ 50.00 or not applicable ☐. See fee schedule on page 2 of the instructions.

Proof statements filed without an appropriate fee, will be considered incomplete.

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

Name Brian Bunker Telephone Number 509-869-9494

Mailing Address Po Box 371 City Athol

State ID Zip 83801 Email beckybunker14@yahoo.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 [Signature] Date 6-3-2020
(Include your title, if on behalf of company or organization)

Form No. 217 12/15

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098