## RECEIVED

JUN 18 2020

DEPARTMENT OF WATER RESOURCES

## STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

## STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE	HEEONLY
Amt. of Fee \$	50 ONET
Receipt No.	C108923
Receipted By	Ku
Date Receipted	6-18-2020

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.

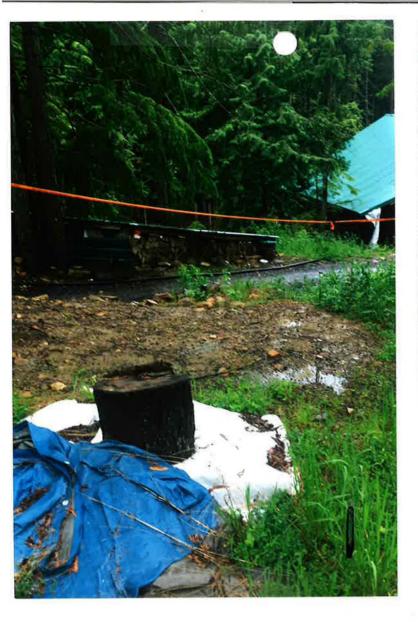
1.	Permit No. 92-11858	Telephone N	No. 254368 48	51/254	3684920	
2.	Name of Permit Holder(s)	HOD ARIOS & Mod	esta M Ri	ی ک		
	Mailing Address PO BOX 96 City Ferromond					
	State 1D Zip 8383 Ø Email					
4.	Source of Water Spring	If GROUND WATE	R (well), Date Drilled m	10. <u>NA</u>	/ yr <i>f\/ A</i> _	
	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)	Other				
6.	Total rate of diversion or storage	olume for which proof is submitted	0.04 cfs OR W	4 acre-	eet.	
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	ls a measuring device required? If yes, has the measuring device been	n installed?	Yes □ Yes □	No 🗷 NA No 🛭 NA	
	Lockable Controlling Device	ls a lockable device required to cor If yes, has the lockable device been in		Yes □ Yes □	No 🛛 NA No 🗹 NA	
	Fish Screen	ls a fish screen required? If yes, has the fish screen been instal	led?	Yes □ Yes □	No 🛛 NA No 🖾 NA	
	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.  Conditions do not require ather inpormation.  Conditions do not require ather inpormation.					
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 Milton B105 Telephone Number 254 3 68 48 51					
		96				
	State <u>TD</u> Zip <u>83830</u>					
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 / Clor / Constant of Signature of Permit Holder / Clor / Clore of Signature of Permit Holder / Clore of Signature of Signa						

## Description of the pictures.

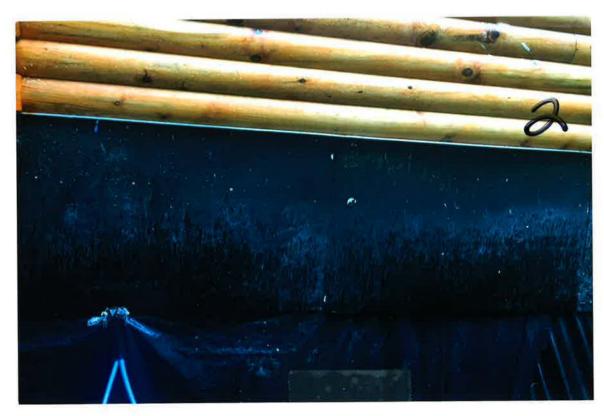
- O Spring under blue and White tarp, diverted into the holding tanks which are under the green roop.
- D Water lines going to the cabin.
- 3 Wate lines inside the cabin.
- @ Over plow going back to the stream.
- 5 Restroom shows running water in the lavatory.
- 6 Cabin.

Thank You.

Modesta Rio













-