RECEIVE DEPARTMENT OF WATER RESOURCES

APR 1 2020 APR 1 5 2020 STATEMENT OF COMPLETION FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$_50_00
Receipt No
Receipted By
Date Receipted 4-15-2020

The transport 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. <u>96-9755</u>		Telephone No.	208-290-4755			
2.	Name of Permit Holder(s) Micha	el Mooney, Andr	rew Kee, Beverley Kee, N	ancy Kee	40		
3.	Mailing Address 55 Lakewood D)r		City Sagle			
	State ID Zip 86860-9269	Email	bevkee@gmail.com				
4.	Source of Water Lake Pend Ore	ille	_ If GROUND WATER (v	well), Date Drilled	mo	_ / yr	
	Well Driller		Drilling Permit	Number	(m)		
5.	Extent of use(s) completed as authorized by the water right permit:						
	Domestic (No. of households)	Stockwa	ater (No. and type of stock))			
	Irrigation (No. of acres) 1.9	Other _			1		
6.	Total rate of diversion or storage						
7.	Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of perm 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	_	device required?		[™] Yes □	No 🗹	
			measuring device been ins		Yes 🗌	No 🗆	
	Lockable Controlling Device		evice required to contro ockable device been insta		Yes □ Yes □	No ☑ No □	1
	Fish Screen	Is a fish screer			Yes 🗹	No 🗆	
			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 \(\subseteq \text{No} \subseteq \)						
8	Fee Enclosed \$ 50.00 or no			· ·		140 L.J	
0.	Proof statements filed without an	appropriate fee,	will be considered incomp	e z or the instruction olete.	JIIS.		
9.	Person to contact to accompany	the Department	representative during field	examination of th	e water syste	∍m.	
	Name Andrew Kee		Telephone Number	r 208-597-3790			
	Mailing Address 55 Lakewood D	<u>)r</u>		City Sagle			
	State ID Zip 83860-9269	Email	atkee@me.com				
de the	e information given on this form veloped and water has been div e permit is relinquished to the s gnature of Permit Holder	erted/and applic tate of Idaho	ed to a beneficial use. I u	nderstand that a		ped portio	on of
	(In	clude vour title, if a	on behalf of company or orga	anization)	1		