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APR 10 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 \$	50.00
Receipt No.	C108586
Received By	K.M.
Date Received	4-10-2020

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. 84-12301 Telephone No. 830-832-1019
 2. Name of Permit Holder(s) JAMES Lingo ALISON Lingo
 3. Mailing Address P.O. Box 783 City Orfino
 State ID Zip 83544 Email jdelingot@gmail.com
 4. Source of Water spring If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
 Well Driller N/A Drilling Permit Number N/A

5. 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) 0.5 Other ____

6. Total rate of diversion or storage volume for which proof is submitted 0.04 cfs OR ____ 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 ☐	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.

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 JAMES Lingo Telephone Number 830-832-1019
 Mailing Address P.O. Box 783 City Orfino
 State ID Zip 83544 Email jdelingot@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 James Lingo / Alison Lingo Date April 3, 2020
 (Include your title, if on behalf of company or organization)

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

Copy

State of Idaho
Department of Water Resources
Permit to Appropriate Water
No. 84-12301

Priority: January 29, 2020

Maximum Diversion Rate: 0.04 CFS

This is to certify that

JAMES LINGO PO BOX 783 OROFINO ID 83544-0783 AND/OR
ALISON LINGO PO BOX 783 OROFINO ID 83544-0783

has applied for a permit to appropriate water from:

Source : SPRING

Tributary: SINKS

and a permit is APPROVED for development of water as follows:

Beneficial Use

DOMESTIC

Period of Use

01/01 to 12/31

Rate of Diversion

0.04 CFS

Location of Point(s) of Diversion

SPRING SE $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$, Sec. 4, Twp 36N, Rge 02E, B.M. CLEARWATER County

Place of Use: DOMESTIC

Twp	Rng	Sec	NE				NW				SW				SE				No QQ	Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE		
36N	02E	4			X															

Conditions of Approval

1. Proof of application of water to beneficial use shall be submitted on or before **March 01, 2021**.
2. Subject to all prior water rights.
3. Domestic use is for 1 home.
4. The irrigation occurring under this domestic use shall not exceed 1/2 acre.
5. This right does not grant any right-of-way or easement across the land of another.

This permit is issued pursuant to the provisions of Idaho Code § 42-204.

Signed this 12th day of March, 2020.


ADAM FREDERICK
Water Rights Supervisor