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DEPARTMENT OF

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

IDWR / NORTH

FOR SUBMITTING PROOF OF BENEFICIAL USE

5000 Amt. of Fee \$_ Receipt No. N03594 Receipted By

FOR OFFICE USE ONLY

Date Receipted 2-26-2020

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. 96-9558	Tel	ephone No.	208-3	304-9	327	<u></u>	
2.	Name of Permit Holder(s) Neil O'Neill Meghan O'Neill							
3.	Mailing Address 4274 UPPER PACK RIVERCITY SANDPOINT							
	State ID zip 83864 Email budon Pill@live, com							
4.	Source of Water SURFACE If GROUND WATER (well), Date Drilled mo / yr							
	-Well-Driller Spring diversion comporting permit Number 8/2015							
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) <u> </u>								
6.	Total rate of diversion or storage volume for which proof is submitted < 120 cfs OR 4 acre-feet.							
	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 requ			Yes 🖂	No □	1	
	J	If yes, has the measuring de		talled?	Yes 🗌	No 🗆	1	
	Lockable Controlling Device	ls a lockable device require			Yes □	No 🗆	- 1	
		If yes, has the lockable device	ce been instal	led?	Yes 🗌	No 🗌	- 1	
	Fish Screen	Is a fish screen required?	Son installed?		Yes □	No □ No □	1	
	Other Conditions of Permit	If yes, has the fish screen be	en installeu?		Yes □	140 🗀	1	
	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.							
		and and and and and and a	anonto with the		ted? Yes 🗌	No 🛣		
8.	Fee Enclosed \$ 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 Neil O'Neill Telephone Number 208-304-932 7							
Mailing Address 4274 Upper Pack River City Sand								
	State ID Zip 83864 Email budoneill @ live com							
	e information given on this forn veloped and water has been div							
	permit is relinquished to the S		1					
Siç	Signature of Permit Holder //a/O//alf Date 2/18/2020							
	' (In	clude your title, if on behalf of co	mpany or orga	inization)	· ·			