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DEC 13 2010

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 \$: 50.00Receipt No. 11026328

Receipt By: _____

Date Received 12/07/2010

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, please contact any Department office or visit the Department's website at: www.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. 91-07191 Telephone No. 509 851-1734
509 435-16962. Name of Permit Holder(s): Chelcie Daniel + Bryna Bowman3. Mailing Address: 58 Bailey St. City St. MariesState ID Zip 83861 Email: mreynolds@saintmarieswireless.com4. Source of Water: St. Joe River 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): 1/2 acre Other: Domestic Dry Cabin6. 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 and/or other Conditions of Permit: *(Refer to the approval conditions on your permit and respond accordingly.)*

Measuring Device: Is a measuring device required? _____
If yes, has the measuring device been installed? _____

Yes ☐	or	No ☒
Yes ☐	or	No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

Completed? _____
Completed? _____

Yes ☐	or	No ☒
Yes ☐	or	No ☐

8. Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use.
Proofs 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: Mark Reynolds Telephone Number: 208 582-0813
208 245-2134Mailing Address: 58 Bailey St. City St. MariesState ID Zip 83861 Email: mreynolds@saintmarieswireless.com

10. *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: Bryna Bowman / Chelcie M. Daniel Date: 12-18-2010
(include your title, if on behalf of company or organization)SCANNED
JAN 20 2011