

MAR 01 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
 Amt. of Fee \$: 50-
 Receipt No. C090094
 Receipt By: SR7
 Date Received: 3-1-2016

1. Permit No.: 65-13914 Telephone No.: 208-3823204

2. Name of Permit Holder(s): MICE NU 820

3. Mailing Address: ~~23~~ 23 SMITHS FERRY DR City: CASCADE

State: TD Zip: 93611 Email: MJNUZZO@FRONTIER.NET.NET

4. Source of Water: N. FORK PAYETTE 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): 5 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: .15 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?

If yes, has the measuring device been installed?

Yes ☒	No ☐
Yes ☐	No ☒

SEE ATTACHED

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes	☒	No	☐
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 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: MIKE NUZZO Telephone Number: 208-382-3204
208-866-2467

Mailing Address: 23 SMITHS FERRY OR City: CAISCAD

State: IO Zip: 93611 Email: MINOZZO@FRONTIERNET.NET

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: [Signature] Date: 3/11/10
(include your title, if on behalf of company or organization)

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