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APR 23 2024

DEPT. OF WATER RESOURCES

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

Receipt No. _____
Received By _____
Date Received _____

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right 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 (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 83-11997 Name of Permit Holder(s) RON WILSON
Telephone No. (208) 476-7446 Email MUFBORAN@GMAIL.COM
Mailing Address 3498 CANYON CREEK RD City OROFINO State ID Zip 83544
2. Source of Water GROUNDWATER If Ground Water (well), Date Drilled mo. 11 / yr. 2016
Drilling Permit/Tag No. D0072265 Drilling Company's Name BRETT UHLENKOTT DRILLING
3. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 1 Irrigation (No. acres) 1/2 Stockwater (No. and stock type) _____
Other _____
4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 cfs OR _____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.
5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
WELL WITH PUMP TO HOME AND UP TO 1/2 ACRE OF IRRIGATION

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:
Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)
- | | | |
|--------------------------|-------------------------------------|---|
| ☐ | ☒ | Ground water level data, pumping information, or other diversion data |
| ☐ | ☒ | Mitigation plan |
| ☐ | ☒ | Lockable controlling works |
| ☐ | ☒ | Measuring device |
| ☐ | ☒ | Fish screen |
| ☐ | ☒ | Other requirements of the water right permit _____ |
| | ☒ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |
- If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No
7. Fee Enclosed \$ 0.00 or ☐ CWRE field report attached or ☐ No fee required
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:
Name: RON WILSON Telephone No. (208) 476-7446 Email MUFBORAN@GMAIL.COM
Mailing Address 498 CANYON CREEK RD City OROFINO State ID Zip 83544

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 beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Ron Wilson RON WILSON 4-18-2024
SIGNATURE OF PERMIT HOLDER* PRINTED NAME AND TITLE DATE

*Attach power of attorney if completing on behalf of permit holder.