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Form 42-217, Rev. 6/22
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AUG 15 2022

AUG 11 2022

IDWR/NORTH

DEPARTMENT OF
WATER RESOURCES

STATE 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. N040767

Received By JG

Date Received 8-11-22

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. 96-09891 Name of Permit Holder(s) ROBERT & LAURA GOODYER
Telephone No. 208-627-8450 Email ROBGODYER@GMAIL.COM

Mailing Address 1079 COMEBACK BAY LN. City SABLE State ID Zip 83860

2. Source of Water SABLE SLOUGH If Ground Water (well), Date Drilled mo. N/A / yr.

Drilling Permit/Tag No. Drilling Company's Name

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) N/A Irrigation (No. acres) 2.5 Stockwater (No. and stock type) N/A

Other

4. Total diversion rate or volume (storage only) for which proof is submitted 0.08 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.)

1 HP PUMP WITH SUCTION LINE INTO SOURCE. 2 1 1/2" DOW PIPE DISCHARGE
LINES TO 10 3/4 INCH STADPIPES. HOSES TO IMPACT OR OSCILLATING SPRINKLER

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 \$ 50.00 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: ROB GOODYER Telephone No. 208-627-8450 Email ROBGODYER@GMAIL.COM

Mailing Address 1079 COMEBACK BAY LN. City SABLE State ID Zip 83860

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.

SIGNATURE OF PERMIT HOLDER*

PRINTED NAME AND TITLE

DATE

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

ROBERT J. GOODYER, OWNER

8/8/2022

