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MAY 09 2022

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STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

IDWR/NORTH

DEPARTMENT OF WATER RESOURCES STA

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 50⁰⁰

Receipt No. NØ39514

Received By NS

Date Received, 5-9-22

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 an Assignment of Permit 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. 95-17296 Name of Permit Holder(s) Lawrence Estates

Telephone No. 509-290-3533 Email lawrence.cammy@gmail.com

Mailing Address 1477 S. Pleasant View Rd. City Post Falls State ID Zip 83854

2. Source of Water Ground Water If Ground Water (well), Date Drilled mo. / yr. 2017

Drilling Permit/Tag No. D-0072073 Drilling Company's Name H₂O Well Service

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

Domestic (No. households) 3 Irrigation (No. acres) _____ Stockwater (No. and stock type) 15 Head

Other Fire protection system

4. Total diversion rate or volume (storage only) for which proof is submitted 0.17 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.)

5 Hp well pump with pipeline to uses.

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

☐ ☒ 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- 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: Mitch Lawrence Telephone No. 509-990-2404 Email lawrence.cammye@gmail.com

Mailing Address 1477 S. Pleasant View Rd. City Post Falls State ID Zip 83854

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 *

Cammy Lawrence
PRINTED NAME AND TITLE

5-9-2022
DATE

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