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DEPARTMENT OF  
WATER RESOURCESDEPARTMENT 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 \$ \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Received By \_\_\_\_\_  
Date Received \_\_\_\_\_

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, contact any Department office or visit the Department's website at [idwr.idaho.gov](http://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. 71-10953 Telephone No. (949) 274-01992. Name of Permit Holder(s) White Cloud Ranch, LLC3. Mailing Address 1501 Galaxy Drive City Newport BeachState CA Zip 92660 Email \_\_\_\_\_4. Source of Water Groundwater If **GROUND WATER** (well), Date Drilled mo. 10 / yr. 2015Well Driller Bishop Well Drilling Drilling Permit Number 877020

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

Domestic (No. of households) 1 Stockwater (No. and type of stock) \_\_\_\_\_Irrigation (No. of acres) 0.5 Other Heating6. Total rate of diversion or storage volume for which proof is submitted 0.07 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? Yes ☐ No ☒If yes, has the measuring device been installed? Yes ☐ No ☒Lockable Controlling Device Is a lockable device required to control the diversion? Yes ☒ No ☐If yes, has the lockable device been installed? Yes ☒ No ☐Fish Screen Is a fish screen required? Yes ☐ No ☒If yes, has the fish screen been installed? 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.

Return flow discharge must be authorized by a separate injection well permit \_\_\_\_\_ Completed? Yes ☒ No ☐8. Fee Enclosed \$ \_\_\_\_\_ or not applicable ☒. See fee schedule on page 2 of the instructions.

Proof statements 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 Ken Verheyen Telephone Number (949) 274-0199Mailing Address 1501 Galaxy Drive City Newport BeachState CA Zip 92660 Email \_\_\_\_\_

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 7-20-17

(Include your title, if on behalf of company or organization)