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APR 25 2011

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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. NO 214186
Receipt By: N. P. P. P.
Date Received: 4-25-11

IDWR / NORTH

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, please contact any Department office or visit the Department's website at: www.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.

- Permit No.: 95-11574 Telephone No.: 208-651-0162
- Name of Permit Holder(s): Holland Family Trust
- Mailing Address: 18637 W. Holland Road City: Post Falls
State: ID Zip: 83854 Email: _____
- Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 12 ~~10~~ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 2.5 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 18 cfs OR _____ acre-feet.
- 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 ☐
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 ☐
- 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.
- Person to contact to accompany the Department representative during field examination of the water system.
Name: Dana Piozet Telephone Number: 208-651-0162
Mailing Address: 18637 W. Holland Road City: Post Falls
State: ID Zip: 83854 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: Dana Piozet Date: 4/25/11
(Include your title, if on behalf of company or organization)

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

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R.C. Worst & Company Inc
625 Best Avenue, Coeur d'Alene ID
83814-3740
208.664.2133 Phone 208.667.8775 Fax

INVOICE

INVOICE NUMBER: 0165458
ORDER NUMBER: 0201489
ORDER DATE: 07/18/2006

SOLD TO					SHIP TO				
107673 RIVER GATEWAY MOBILE HOME PARK 18637 W HOLLAND RD POST FALLS , ID 83854									
ACCOUNT NO.		SALES PERSON		PURCHASE ORDER		SHIP VIA	DATE SHIPPED	TERMS	INVOICE DATE
107673		NO		JO1-1Q486			07/18/2006	10	08/02/2006
SEQ	C	ORDER QTY	SHIP QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISC %	TOTAL	
005	M				REF T.S 1459 DATED 7/17/06				
010	M				ERIC HALLADAY				
015	M								
020	L	1.75	1.75	LBR EH	LABOR ERIC H	\$75.00	0.0%	\$131.25	
025	L	0.50	0.50	LBR EH	LABOR ERIC H	\$0.00	100.0%	\$0.00	
030	M				NO CHARGE FOR 1/2 HOUR LABOR				
035	M								
040	E	31.00	31.00		EQP8	EQUIP USE FUEL SURCHARGE #8	\$0.50	0.0%	\$15.50
045	M								
050	M				LABOR TO CHECK OUT WELL PUMP. STARTED				
055	M				PUMP, IT DREW 100 AMPS AND TRIPPED THE				
060	M				OVERLOADS. PUMP IS 7 1/2 HP, 230V.				
065	M				CHECKED WINDINGS, R, B, AND Y ALL @ 1.1,				
070	M				SHORT TO GROUND IS 1.7 MEGS. PULLED				
075	M				STARTER APART AND POINTS ARE IN BAD				
080	M				SHAPE. CLEANED UP AND RAN PUMP. PUMP				
085	M				RAN @ 20 AMPS, NEED TO ORDER NEW CONTACT				
090	M				KIT. INFORMED CUSTOMER OF WHATS GOING ON				
095	M								
100	M				REF T.S 2143 DATED 7/26/06				
105	M				ERIC HALLADAY				
110	M								
115	L	1.50	1.50	LBR EH	LABOR ERIC H	\$75.00	0.0%	\$112.50	
120	L	0.25	0.25	LBR EH	LABOR ERIC H	\$0.00	100.0%	\$0.00	
125	M				NO CHARGE FOR 1/4 HOUR LABOR				
130	M								
135	E	29.00	29.00		EQP8	EQUIP USE FUEL SURCHARGE #8	\$0.50	0.0%	\$14.50
140	M								
145	M				LABOR TO INSTALL NEW CONTACT KITS FOR				
150	M				STARTER. ALL OK				
155	M								
160	A	3.00	3.00	Z1Q486-FRN9210CF	SPC5 CONTACT KIT SIZE 1 FURNAS	\$24.00	0.0%	\$72.00	

806PM

165	M								
								Subtotal	\$72.00
								Tax	\$3.60
								Total	\$345.75

Note: This is not the original invoice, it is a archive copy.