



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

July 8, 2010

ROGER GLESSNER, C.E.T.
INLAND NORTHWEST CONSULTANTS
1296 E POLSTON AVE STE B
POST FALLS ID 83854

RE: Statement of Completion re Silverwood 95-9474

We are returning the Statement of Completion sent to us back in June, because it was sent without a fee. It cannot be processed without the fee.

The Statement of Completion form stated that the fee of \$125.00 was included, but there were no funds enclosed with your transmittal.

I'm enclosing a copy of the instructions with the fee schedule on the reverse side. Please re-submit with the correct fee and we will then process the Statement of Completion on behalf of Silverwood.

Also enclosed is a copy of a lapse notice that apparently is scheduled for mailing tomorrow from our State Office. You might want to contact them regarding re-submitting this Statement of Completion with appropriate fee.

Sincerely,

Keith E. Franklin
Senior Water Resource Agent

db

Cc SILVERWOOD INC, 27843 N HWY 95, ATHOL ID 83801

Darla Block – State Office

Jun. 11, 2010 11:14AM Inland Northwest Consultants
Fax 605-242-5100 SilverwoodNo. 6992 P. 1
27-113

RECEIVED-2128

JUN 11 2010
JUN 23 2010STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY
Amt. of Fee \$: _____
Receipt No. _____
Receipt 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, 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.: 95-9474 Telephone No.: 659-0690
- Name of Permit Holder(s): Silverwood INC.
- Mailing Address: 27843 N. Hwy 95 City: ATHOL
State: Id Zip: 83801 Email: _____
- Source of Water: Well If GROUND WATER (well), Date Drilled: mo. 9 / yr. 2008
Well Driller: McCarty Well Drilling Drilling Permit Number: 852391
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: Commercial (Theme Park)
- Total rate of diversion or storage volume for which proof is submitted: 1.7 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: \$ 125.00 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: Denny Higdon Telephone Number: 208-659-0640
Mailing Address: 27843 N. Hwy 95 City: ATHOL
State: Id Zip: 83801 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:

Denny Higdon (Director of Maintenance)
(Include your title, if on behalf of company or organization)

Date: 6-11-2010

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0088