

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
OF SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$:
Receipt No.:
Receipt By:
Date Received:

The Idaho Department of Water Resources requires 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.

1. Permit No. 95-9221 Telephone No. 509) 999-4850
2. Name of Permit Holder(s): Upper Twin Lakes Water Co.
3. Mailing Address: PO Box 878 or John Salmon City Rathdrum
8891 W. Twin Lakes Rd.
State ID Zip 83858 Email: _____
4. Source of Water: Well If **GROUND WATER** (well), Date Drilled: mo. 3/31 / yr. 04
Well Driller: Bronson Drilling Drilling Permit Number: 812161
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): NA
Irrigation (No. of acres): NA Other: Municipal
6. Total rate of diversion or storage volume for which proof is submitted: .20 cfs OR _____ acre-feet.
7. Compliance with a Measuring 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 completed/installed.**

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?

Yes ☐ or No ☒Yes ☐ or No ☒

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

Completed?

Yes ☐ or No ☒

Completed?

Yes ☐ or No ☒

8. 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.)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: John Salmon Telephone Number: 509) 999-4850
Mailing Address: 8891 W. Twin Lakes Rd. City Rathdrum
State ID Zip 83858 Email: NA

10. **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: John Salmon Treasurer
(include your title, if on behalf of company or organization)

Date: 5/29/09

RECEIVED

MAY 20 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDEPARTMENT OF
WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 300.00 (4 of 4)

Receipt No. 1388645

Receipt By: [Signature]

Date Received: 5/20/09

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.

1. Permit No. 95-9221 Telephone No. 509) 999-4850
2. Name of Permit Holder(s): Upper Twin Lakes Water Co.
3. Mailing Address: PO Box 878 or John Salmon City Rathdrum
8891 W. Twin Lakes Rd.
State ID Zip 83858 Email: _____
4. Source of Water: Well # 4 If **GROUND WATER** (well), Date Drilled: mo. 3/31 / yr. 04
Well Driller: Bronson Water Wells Drilling Permit Number: 360 permit 8/2161
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 81 45 Full Time Stockwater (No. and type of stock): NA
Irrigation (No. of acres): NA Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 21-1.00 cfs OR _____ acre-feet.
7. Compliance with a Measuring 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 completed/installed.*

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?

Yes ☐ or No ☒Yes ☐ or No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

Completed?

Yes ☐ or No ☒

Completed?

Yes ☐ or No ☒

8. Fee Enclosed: \$ 100.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: John Salmon Telephone Number: 509) 999-4850Mailing Address: 8891 W. Twin Lakes Rd. City RathdrumState ID Zip 83858 Email: NA

10. 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: John Salmon Treasurer
(include your title, if on behalf of company or organization)Date: 5/18/09