

RECEIVED

JUN 09 2008

STATE OF IDAHO DEPARTMENT OF  
DEPARTMENT OF WATER RESOURCES

**STATEMENT OF COMPLETION**  
**FOR SUBMITTING PROOF OF BENEFICIAL USE**

FOR OFFICE USE ONLY  
Amt. of Fee \$: 125.00  
Receipt No. C087067  
Receipt By: KAW  
Date Received: 6/9/08

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. **This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner.** If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at [www.idwr.idaho.gov](http://www.idwr.idaho.gov).

1. Permit No. 96-9129 Telephone No. 208-255-3045
2. Name of Permit Holder(s): RESORT WATER CO. INC
3. Mailing Address: 165 VILLAGE LN. SUITE A City SAND POINT  
State ID Zip 83864 Email: J LACKEY@SCHWEITZER.COM
4. Source of Water: 3 WELLS If GROUND WATER (well), Date Drilled: mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
Well Driller: ON FILE IN YOUR RECORDS Drilling Permit Number: ON FILE IN YOUR RECORDS
5. 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: MUNICIPAL 401 ERU'S
6. Total rate of diversion or storage volume for which proof is submitted: 1.3 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.)*

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

|                              |                                           |
|------------------------------|-------------------------------------------|
| Yes <input type="checkbox"/> | or No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | or No <input type="checkbox"/>            |

**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 <input type="checkbox"/> | or No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | or No <input type="checkbox"/>            |

Completed?

8. Fee Enclosed: \$ \_\_\_\_\_ (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: JIM LACKEY Telephone Number: 208-255-3045  
Mailing Address: 165 VILLAGE LN, STE. A City SAND POINT  
State ID Zip 83864 Email: J LACKEY@SCHWEITZER.COM

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: RESORT WATER CO. INC. Jim Lackey Date: JUNE 4, 2008  
(include your title, if on behalf of company or organization)  
OPERATION MANAGER