

RECEIVED

OCT 31 2022

DEPARTMENT 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 \$ 50.00
Receipt No. C114515
Received By KU
Date Received 10-31-22

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right 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 (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

- Permit No. 96-09674 Name of Permit Holder(s) Roger D Griffin
Telephone No. 949-929-2643 Email dranvicemarie@dslxtreme.com
Mailing Address 1881 Fish Creek Rd City Cocolalla State ID Zip 83813
- Source of Water Ground Water If Ground Water (well), Date Drilled mo. 08 / yr. 2017
Drilling Permit/Tag No. D0076054 Drilling Company's Name H₂O Well Service Inc. #1448
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 5 Irrigation (No. acres) 5 Stockwater (No. and stock type) 50 head Mixed
Other _____
- Total diversion rate or volume (storage only) for which proof is submitted .15 cfs OR _____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.
- Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
Pump from drilled well
- Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:
Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

☒	☐	☐	Ground water level data, pumping information, or other diversion data
☐	☐	☒	Mitigation plan
☐	☐	☒	Lockable controlling works
☐	☒	☐	Measuring device
☐	☒	☐	Fish screen
☐	☒	☐	Other requirements of the water right permit
☐	☒	☐	Reasonably Anticipated Future Needs ("RAFN") Municipal use

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☒ No
- Fee Enclosed \$ 50.00 or ☐ CWRE field report attached or ☐ No fee required
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: Arice Marie Griffin Telephone No. 949-929-2643 Email dranvicemarie@dslxtreme.com
Mailing Address 1881 Fish Creek Road City Cocolalla State ID Zip 83813

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 beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

[Signature]
SIGNATURE OF PERMIT HOLDER*

Mr. Roger Griffin
PRINTED NAME AND TITLE

10-24-2022
DATE

*Attach power of attorney if completing on behalf of permit holder.

SCANNED
NOV 7 1 2022



Governor Brad Little
November 18, 2022

Director Gary Spackman

ROGER D GRIFFIN
AVICE MARIE GRIFFIN
1881 FISH CREEK RD
COCOLALLA ID 83813-9750

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 96-9674

Dear Permit Holders:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures

SCANNED
NOV 21 2022

Beneficial Use Proof Evaluation

Permit Number: 96-9674 Reviewer: djudd Review Date: 11/9/2022

Acceptability

- 1) Is the contact on the request the current permit holder? Yes
- 2) Does the address of record need to be updated? No
- 3) Proof Submitted Date: 10/31/2022
- 4) Proof Due Date: 11/1/2022
- 5) Days added for weekend due date? 0
- 6) Days added for holiday due date? 0
- 7) Number of days late: -1
- 8) Proof received timely? Yes

Analysis

- 1) Are the water uses correct? Yes
- 2) Are one of the following items required?
 - a. Measuring Device -- No
 - b. Lockable Device --No
 - c. Fish Screen -- No
- 3) Are the required items installed?
 - a. Measuring Device --
 - b. Lockable Device --
 - c. Fish Screen --
- 4) Is there a request to waive the required items?
- 5) Drilling Permit Number: 883237
- 6) Is a drilling permit upgrade needed? No
- 7) Was a well drillers report filed? Yes
- 8) Is proof accepted? Yes

Fees

- 1) Is a licensing exam fee required? Yes
- 2) Was proof submitted with an exam report from a CWE? No
- 3) Filing fee due: \$50.00
- 4) Filing fee submitted: \$50.00
- 5) Remaining fee or (refund): \$0.00

Receipt IDs

N032931

Comments

Proof deemed acceptable. Gave file to water right agent for in-house license review. Water right agent will enter the proof made date in AdHoc at the time of licensing.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

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Postmark

Here

SEP 16 2022

Postage

\$

Total Postage

\$

Sent To

Street and #

City, State, .

96-9674
ROGER D GRIFFIN
AVICE MARIE GRIFFIN
1881 FISH CREEK RD
COCOLALLA ID 83813
9/15/22

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

USPS TRACKING#

SPokane WA 990



20 SEP 20 22 PM 4 L



9590 9403 0913 5223 3898 04

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

DEPT OF WATER RESOURCES

WATER RIGHTS SECTION

PO BOX 83720

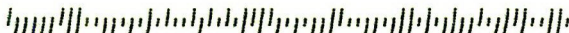
BOISE, ID 83720-0098

Debbi 96-9674

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SEP 28 2022

RECEIVED
SEP 23 2022
DEPARTMENT OF
WATER RESOURCES



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Address

ROGER D GRIFFIN
AVICE MARIE GRIFFIN
1881 FISH CREEK RD
COCOLALLA ID 83813



9590 9403 0913 5223 3898 04

2. Article Number (Transfer from service label)

7016 0750 0000 2175 9862

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Avice Marie Griffin

C. Date of Delivery

9-20-22

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Restricted Delivery

(over \$500)

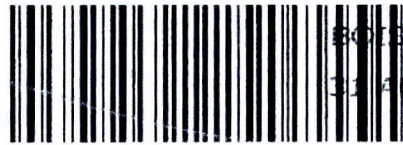
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
322 East Front Street, P.O. Box 83720
Boise, Idaho 83720-0098

resent to:
1881 Fish Creek Rd
Cocolalla ID 83813
9/15/2022

ROGER D GRIFFIN
AVICE MARIE GRIFFIN
9030 N HESS ST NO 333
HAYDEN ID 83835

96-9674

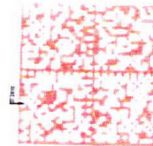
CERTIFIED MAIL



7016 1370 0000 2018 3649

BOISE ID 836

01 AUG 2022PM 1 L



US POSTAGE

\$ 004.81⁰

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SEP 12 2022

DEPARTMENT OF
WATER RESOURCES

UTF

NOTICE: STATEMENT OF

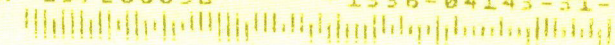
UTF

83835-83835

NIXIE 992 FE 1 0009/06/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 837200098 *1336-04143-31-39



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SEP 16 2022