

RECEIVED

APR 15 2024

RECEIVED

APR 10 2024

IDWR / NORTH

STATE OF IDAHO
DEPT. OF WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	50.00
Receipt No.	NO44510
Received By	YMB
Date Received	4/10/24

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.

1. Permit No. 96-16689 Name of Permit Holder(s) COMEBACK BAY WATER ASSN INC
Telephone No. 208-255-8997 Email mmick@nctv.com
Mailing Address 81 E COMEBACK BAY LANE City SAGLE State ID Zip 83860

2. Source of Water WELL If Ground Water (well), Date Drilled mo. 1971 or 1972
Drilling Permit/Tag No. UNKNOWN Drilling Company's Name UNKNOWN

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) 1 Irrigation (No. acres) 25 Stockwater (No. and stock type) N/A
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.67 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.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

pump

6. 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

7. 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: SUE POPPINO Telephone No. 208-255-8997 Email mmick@nctv.com
Mailing Address 81 E COMEBACK BAY LN City SAGLE State ID Zip 83860

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.

Sue Poppino
SIGNATURE OF PERMIT HOLDER*

SUSAN M POPPINO, TREASURER
PRINTED NAME AND TITLE

4/5/24
DATE

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