

# RECEIVED

Form 42-217 Rev. 6/22

FEB 15 2024

RECEIVED

FEB 09 2024

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.         | N844348 |
| Received By         | NS      |
| Date Received       | 2/9/24  |

IDWR / NORTH

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. 96-14087 Name of Permit Holder(s) Robert & Barbara Jones  
 Telephone No. 509-991-4949 Email Jonesy.j2015@gmail.com  
 Mailing Address 17025 N. Saddlehill Rd City Colbert State WA Zip 99005

2. Source of Water Pend Oreille River If Ground Water (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
 Drilling Permit/Tag No. \_\_\_\_ Drilling Company's Name \_\_\_\_

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

Domestic (No. households) \_\_\_\_ Irrigation (No. acres) 5 Stockwater (No. and stock type) \_\_\_\_  
 Other \_\_\_\_

4. Total diversion rate or volume (storage only) for which proof is submitted 0.03 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.)

Screened intake for 2 HP Pump Irrigation

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)

- |                          |                                     |                                                                       |
|--------------------------|-------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ground water level data, pumping information, or other diversion data |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mitigation plan                                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lockable controlling works                                            |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Measuring device                                                      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fish screen                                                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other requirements of the water right permit                          |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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: Robert Jones Telephone No. 509-991-4949 Email Jonesy.j2015@gmail.com  
 Mailing Address 17025 N Saddlehill Rd City Colbert State WA Zip 99005

**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.**

Robert L. Jones  
 SIGNATURE OF PERMIT HOLDER\*

Robert L. Jones  
 PRINTED NAME AND TITLE

2-9-24  
 DATE

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