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

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00Receipt No. NO44725Received By YMBDate Received 6/3/24

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. 96-13299 Name of Permit Holder(s) Pond Oreille Shores Resort Assn INC

Telephone No. (208) 264-5828 Email drewc@posresort.com

Mailing Address 47390 Hwy 200 City Hope State ID Zip 83836

2. Source of Water Lake Pond Oreille 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) 3 Stockwater (No. and stock type) _____

Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.09 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.)

Drop from pump to intake is 20 ft. 2 hp pump. 35 gallons per minute. Intake is roughly 150' off shore.

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 \$ _____ 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: Drew Cyr Telephone No. 608-333-4457 Email drewc@posresort.com

Mailing Address 47390 Hwy 200 City Hope State ID Zip 83836

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*

Drew Cyr (General Manager)
PRINTED NAME AND TITLE

5/29/24
DATE

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