

RECEIVED

MAY 31 2024

DEPT. OF WATER RESOURCES

STATE 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. C118401
Received By KM
Date Received 5.31.24

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. 96-10454 Name of Permit Holder(s) Kenneth E Kovalchuk Rebecca L Kovalchuk
Telephone No. 412-759-6881 Email rebeccakovalchuk@ktmail.com
Mailing Address 421 Lakeview Blvd City Sandpoint State ID Zip 83864

2. Source of Water Red O'rielle 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) 1 Irrigation (No. acres) 1.5 Stockwater (No. and stock type) n/a
Other 1/2 acre

4. Total diversion rate or volume (storage only) for which proof is submitted less than .20 cfs OR less than .20 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, restrictors, and timer

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: Ken or Rebecca Kovalchuk Telephone No. 412-759-6881 Email rebeccakovalchuk@ktmail.com
Mailing Address 421 Lakeview Blvd City Sandpoint State ID Zip 83864

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.

Rebecca Kovalchuk
SIGNATURE OF PERMIT HOLDER*

Rebecca L. Kovalchuk, owner
PRINTED NAME AND TITLE

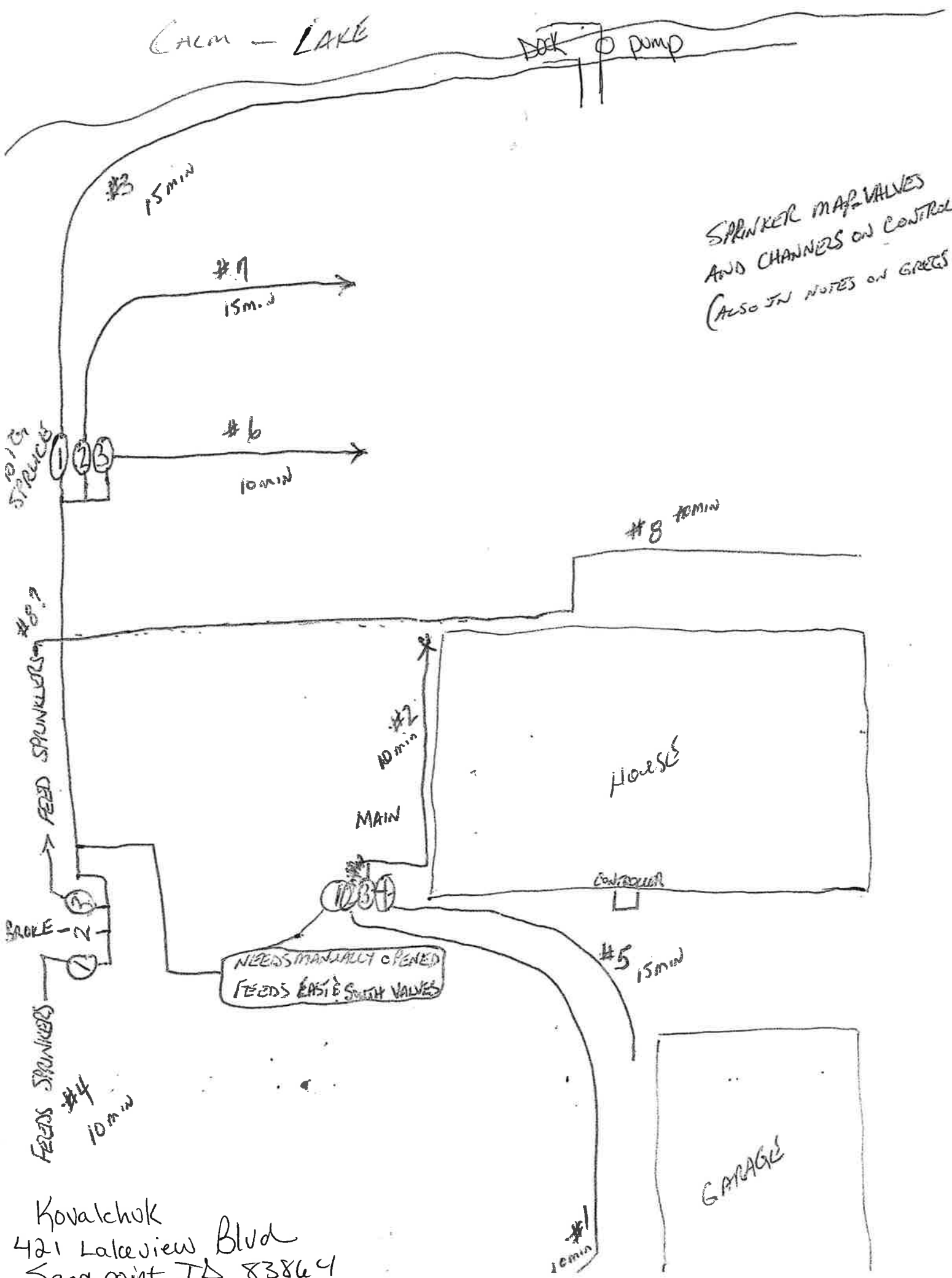
5/27/24
DATE

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

CALM - LAKE

Dock O pump

SPRINKER MAP VALVES
AND CHANNERS ON CONTROLLER
(ALSO IN NOTES ON GREEN CELL)



Kovalchuk
421 Lakeview Blvd
Sandpoint ID 83864