

RECEIVED

SEP 12 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.	C113973
Received By	Ku
Date Received	9.12.22

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 an Assignment of Permit 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. 17334 Name of Permit Holder(s) Sky High Revocable Trust
Telephone No. 813-786-3127 Email 2402bigrock@gmail.com
Mailing Address 2402 S Big Rock Road City Post Falls State ID Zip 83854
- Source of Water well - ground water If Ground Water (well), Date Drilled mo. 1 / yr. 1997
Drilling Permit/Tag No. _____ Drilling Company's Name H2O - CDA 2 wells
- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. households) 3 Irrigation (No. acres) _____ Stockwater (No. and stock type) _____
Other 2 perinial beds; 2 6x12 foot vegetable garden
- Total diversion rate or volume (storage only) for which proof is submitted _____ 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.)
3 wells - two storage tanks (2000 gal. each) lines to each house - 2 houses built 1995/96 3 shop + storage bldgs (no water)
- 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: David Rogers Telephone No. 813-786-3127 Email 2402bigrock@gmail.com
Mailing Address 2402 big rock road City Post Falls State ID Zip 83854

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.

David Rogers
SIGNATURE OF PERMIT HOLDER*

David G Rogers Trustee
PRINTED NAME AND TITLE

9-8-22
DATE

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