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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 \$ 50Receipt No. C118151Received By KMDate Received 4-16-24

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.

- Permit No. 95-17801 Name of Permit Holder(s) UPPER TWIN LAKES LLC
Telephone No. 509-747-9345 Email RCATER@PEOPLEPC.COM
Mailing Address 628 W. 22ND AVE. City SPOKANE State WA Zip 99203
- Source of Water MILLER CREEK If Ground Water (well), Date Drilled mo. ____ / yr. ____
Drilling Permit/Tag No. ____ Drilling Company's Name ____
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 1 Irrigation (No. acres) ____ Stockwater (No. and stock type) ____
Other ____
- 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.)
GRAVITY - EXISTING COMMUNITY SYSTEM
- 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 \$ ____ 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.
- Person to contact to accompany a Department representative during the field examination of the water system:

Name: RON CATER Telephone No. 509-850-5612 Email RCATER@PEOPLEPC.COM
Mailing Address 628 W. 22ND City SPOKANE State WA Zip 99203

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.

Ronald E. Cater, mgr

SIGNATURE OF PERMIT HOLDER*

RONALD E CATER, MANAGER

PRINTED NAME AND TITLE

4-2-24

DATE

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

Business Information Corporations and Charities Filing System



BUSINESS INFORMATION

Business Name:

UPPER TWIN LAKES, LLC

UBI Number:

602 375 763

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

628 W 22ND AVE, SPOKANE, WA, 99203-1960, UNITED STATES

Principal Office Mailing Address:

628 W 22ND AVE, SPOKANE, WA, 99203-1960, UNITED STATES

Expiration Date:

03/31/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/ Registration Date:

03/12/2004

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT INFORMATION

Registered Agent Name:

RONALD E CATER

Street Address:

W 628 22ND AVE, SPOKANE, WA, 99203-0000, UNITED STATES

Mailing Address:

GOVERNORS

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		RONALD	CATER

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Filing History

Name History

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