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JAN 21 2025

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 \$ _____

Receipt No. _____

Received By _____

Date Received _____

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. 91-08040 Name of Permit Holder(s) FRANK SUSSEDIK
Telephone No. 509-869-6210 Email fd.susedik@yahoo.com
Mailing Address 65 INFERNO LANE City ST MARIES State ID Zip 83861

2. Source of Water _____ If Ground Water (well), Date Drilled mo JULY / yr. 2019
Drilling Permit/Tag No. 79741 Drilling Company's Name INTERSTATE DRILLING & PUMP

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

Domestic (No. households) 1 Irrigation (No. acres) 1 Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted .04 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.)

GRANDFOS 3HP 16 GPM & MOTOR 230 VOLT 3PH2

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: FRANK SUSSEDIK Telephone No. 509-869-6210 Email fd.susedik@yahoo.com
Mailing Address 65 INFERNO LANE City ST MARIES State ID Zip 83861

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 OF PERMIT HOLDER

PRINTED NAME AND TITLE

DATE

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

FRANK SUSSEDIK/OWNER 1-10-2025