

MAR 17 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 \$ 50

Receipt No. C120441

Received By KH

Date Received 3.18.25

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. 96-14447 Name of Permit Holder(s) SUSAN FRENCH RICHARD ARNOLD
(707) 291-2599 (SUSAN) SUSAN FRENCH 707 @ GMAIL.COM
Telephone No. (707) 479-7013 (RICH) Email RICHARD 707 @ GMAIL.COM

Mailing Address 1505 CHADLUS CIRCLE City ST. HELENA State CA Zip 94574

2. Source of Water LAKE PEND OREILLE If Ground Water (well), Date Drilled mo. N/A / yr.

Drilling Permit/Tag No. N/A Drilling Company's Name N/A

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

Domestic (No. households) 1 Irrigation (No. acres) 0 Stockwater (No. and stock type) 0

Other

4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 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.)

AN ELECTRIC PUMP BRINGS WATER FROM THE LAKE THROUGH 1 1/4" PVC

PIPE TO THE CABIN (APPROX. 100' IN LENGTH). THE LIFT FROM THE LAKE

INLET TO THE CABIN IS APPROXIMATELY 25 FEET. WATER IS HELD IN A
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: 100 GALLON PRESSURE TANK.

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 | BENEFICIAL USE - WE HAVE |
| ☐ | ☒ | Mitigation plan | USED LAKE PEND OREILLE WATER FOR OVER 50 YEARS AT THE |
| ☐ | ☒ | Lockable controlling works | CABIN, THERE IS ALSO A HAND CRANK WELL ON |
| ☐ | ☒ | Measuring device | THE PROPERTY (PERMIT 96-15135). HOWEVER, THE WELL IS |
| ☐ | ☒ | Fish screen | HIGH IN IRON AND NOT SET UP FOR CONTINUAL USE. |
| ☒ | ☐ | Other requirements of the water right permit | PROOF OF BENEFICIAL USE |
| ☐ | ☐ | 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: RICHARD ARNOLD Telephone No. (707) 479-7013 Email RICHARD 707 @ GMAIL.COM

Mailing Address 1505 CHADLUS CIRCLE City ST. HELENA State CA Zip 94574

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.

Susan French
Richard Arnold
SIGNATURE OF PERMIT HOLDER*

SUSAN FRENCH
RICHARD ARNOLD
PRINTED NAME AND TITLE

3/12/25
3/12/25
DATE

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