

RECEIVED

SEP 15 2025

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 \$ _____

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. 97-8633 Name of Permit Holder(s) Michael Sudnikovich

Telephone No. 208-443-2628 Email mikesnick@mac.com

Mailing Address PO Box 383 City Nordman State ID Zip 83848

2. Source of Water Ground Water If Ground Water (well), Date Drilled mo. N/A / yr. 1983

Drilling Permit/Tag No. See Attachment Drilling Company's Name See Attachment

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

Domestic (No. households) 1 Irrigation (No. acres) .5 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.)

Two wells supply the new home. See attachment for further description.

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: Michael Sudnikovich Telephone No. 208-443-2628 Email mikesnick@mac.com

Mailing Address PO Box 383 City Nordman State ID Zip 83848

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.

Mike Sudnikovich owner 9/16/25

Attachment for Permit 97-8633

There are two wells supplying the home. The first well was drilled in 1983 to a depth of approximately 42'. The second well supplying the home was completed on 6/11/2002, well tag D0022398. Both wells are interconnected and supply the home and exterior lawn/garden.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 00-22398
DRILLING PERMIT NO. 778578
Water Right or Injection Well No. _____

2. OWNER:
Name Mike Snickavich
Address Kaispell Creek
City Priest Lk. State ID Zip 83846

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 61 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 34 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County Bonner
Lat: _____ Long: _____
Address of Well Site Kaispell Creek Rd. City Priest Lk.
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>250 lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>35</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type R-100

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Johnson - telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>35</u>	<u>40</u>	<u>20</u>		<u>6"</u>	<u>SS</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

15 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>2'</u>	<u>17'</u>	<u>1hr</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 25'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand gravel</u>		☒
<u>6</u>	<u>18</u>	<u>30</u>	<u>Sand gravel w/25</u>	☒	
<u>6</u>	<u>30</u>	<u>40</u>	<u>Sand gravel</u>	☒	

RECEIVED

FEB 18 2003

IDWR North

Completed Depth 40 (Measurable)
Date: Started 6-11-02 Completed 6-12-02

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Mike Potts & Sons Firm No. 168

Principal Driller Steve Potts Date 6-13-02

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

61N 5W 34