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STATE OF IDAHO MAY 08 2026

DEPARTMENT OF WATER RESOURCES

## STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

## FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00

Receipt No. N046007

Received By KAT

Date Received 4/30/26

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APR 30 2026

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. 95-1809A Name of Permit Holder(s) ROBERT SMOTHERMAN  
 Telephone No. 208-664-1117 Email BobBSm100@Gmail.com  
 Mailing Address 2569 N. MADRIDA Loop City Post Falls State ID Zip 83854  
 2. Source of Water Hoxter Lake If Ground Water (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
 Drilling Permit/Tag No. \_\_\_\_ Drilling Company's Name \_\_\_\_

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

Domestic (No. households) 1 Irrigation (No. acres) 1/4 Stockwater (No. and stock type) \_\_\_\_  
 Other 40' RV UNIT HOUSE CONSTRUCTION COMPLETE

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.)

Screened foot valve 2" line to 1/2 hp pump to 1" supply line

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 \$ 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: ROBERT SMOTHERMAN Telephone No. 208-664-1117 Email BobBSm100@Gmail.com  
 Mailing Address 2569 N. MADRIDA Loop 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.

[Signature]  
 SIGNATURE OF PERMIT HOLDER\*

ROBERT SMOTHERMAN  
 PRINTED NAME AND TITLE

4/30/26  
 DATE

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