



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

August 1, 2022

JUDY FORCINO
KENNETH BOWMAN
671 KELSO WOODS DR
ATHOL ID 83801

PROOF DEFICIENCY LETTER

RE: Permit No. 95-17324

Dear Permit Holders:

The Department received the proof of beneficial use (proof) form you submitted for the above referenced permit.

I am returning the form to you because information provided on the application is not sufficient or incomplete. Please address the following items on the form:

- The proof describes 95-16084, which is a decreed water right and not a permit. The permit for which proof is due is for water permit 95-17324. I've enclosed a copy of the permit for your convenience as well as another proof form. This permit requires a license examination fee of \$50.

Please resubmit the completed form and any additional fees requested at your earliest convenience before the proof due date of **August 01, 2022** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4920 or debby.judd@idwr.idaho.gov.

Sincerely,

Debby Judd
Technical Records Specialist

Enclosures

RECEIVED
Form 42-217 Rev. 9/21

JUL 29 2022

DEPARTMENT 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 an Assignment of Permit 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. 95-16084 Name of Permit Holder(s) KENNETH BOWMAN
Telephone No. 208 216 9436 Email _____
Mailing Address 671 KESLO WOODS DR City ATHOL State ID Zip 83801

2. Source of Water SPRING/POND 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) _____ Irrigation (No. acres) 5 Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted .040 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.)
PUMP FROM POND, IRRIGATION PIPE/SPRINKLERS

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: KENNETH BOWMAN Telephone No. 208 216 9436 Email _____
Mailing Address 671 KESLO WOODS DR City ATHOL State ID Zip 83801

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] KENNETH BOWMAN 7-23-22
SIGNATURE OF PERMIT HOLDER* PRINTED NAME AND TITLE DATE

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