

## State of Idaho

## **DEPARTMENT OF WATER RESOURCES**

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098 Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

> GARY SPACKMAN Director

October 7, 2020

MARVIN LOUTHIAN ERIN LOUTHIAN 5013 S MARBLE CT SPOKANE VLY WA 99206-9482

### PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 95-17812

Dear Interested Parties:

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

The Department is returning the proof to you as proof was received from the permit holder on September 3, 2020. A \$50.00 license examination fee was also submitted with the proof. A refund has been requested and will arrive under separate cover from the State Controller's Office.

If you have any questions, please feel free to contact me at (208) 287-4920 or debbi.judd@idwr.idaho.gov.

Sincerely,

Debbi Judd

**Technical Records Specialist** 

**Enclosure** 

From:

Judd, Debbi Financial

To: Subject:

Financial Refund request

Subject Date:

Tuesday, October 06, 2020 10:09:00 AM

TO:

Sascha Marston

FROM:

Debbi Judd

DATE:

October 6, 2020

RE:

Refund: Returned Proof of Beneficial Use

Please refund \$50. Returned Proof of Beneficial Use 95-17812

NAME:

MARVIN & ERIN LOUTHIAN

ADDRESS:

5013 S MARBLE CT

SPOKANE VALLEY WA 99206-9482

RECEIPT #: N036456

Thank you.

Debbi

Debbi Judd Technical Records Specialist debbi.judd@idwr.idaho.gov

Idaho Department of Water Resources 322 E Front St PO Box 83720 Boise, ID 83720-0098 208-287-4920 www.idwr.idaho.gov

#### RECEIVED

SEP 24 2020

IDWR / NORTH

### RECEIVED

STATE OF IDAHO SEP DEPARTMENT OF WATER RESOURCES

# STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY Amt. of Fee \$ 50000 Receipt No. No34 Receipted By 40 Date Receipted 9-24-2000

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use 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. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

	10.000-09		700 7704			
1.	Permit No. 95-17812	Telephone No.	509-710-	4203		
2.	Name of Permit Holder(s)	avin & Erin Lowthian				
3.	State WA Zip 97206 Email ErinLowthian Vahoo, Com					
4.	Source of Water Loke If GROUND WATER (well), Date Drilled mo/ yr				 _ / yr	
		Vell Driller Drilling Permit Number				
5.	Extent of use(s) completed as au	xtent of use(s) completed as authorized by the water right permit:				
	Domestic (No. of households) Stockwater (No. and type of stock)					
	Irrigation (No. of acres) Other					
6.	Total rate of diversion or storage	volume for which proof is submitted	<u>└</u> cfs <b>OR</b>	acre	-feet.	
7.	Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit Refer to the approval conditions on your permit and respond accordingly.  The Department will not issue a license if permit conditions are not met.					
	Measuring Device	Is a measuring device required?		Yes □	No 🗷 NA	
		If yes, has the measuring device been ins	talled?	Yes 🗌	No 🔼	
	Lockable Controlling Device	Is a lockable device required to control If yes, has the lockable device been instal		Yes □ Yes □	No 🖾 NV	
	Fish Screen	Is a fish screen required?		Yes 🛣	No □	
	Other Conditions of Bo 11	If yes, has the fish screen been installed?		Yes 🔀	No 🗌	
	Other Conditions of Permit  Do the approval conditions on your permit require you to submit additional information in connection with your beneficial use? If yes, list the conditions below and attach documents with the required information.					
	Z N 00		Completed		No DE NIX	
8.	Fee Enclosed \$ \( \frac{\frac{1}{2} \frac{1}{2} \frac{1}{2} \}{2} \] or not applicable \( \process\). See fee schedule on page 2 of the instructions.  Proof statements filed without an appropriate fee, will be considered incomplete.					
9. Person to contact to accompany the Department representative during field examination of the water syste					em.	
	Name Crine Marvin Lowhian Telephone Number 509-710-4203					
Mailing Address 5013 8. Marble Ct city Spokane Valley State WA Zip 99206 Email ErinLowthian & Yahoo Com					lees	
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 a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.						
Signature of Permit Holder My Wallow Date 9/24/20						
	(Include your title, if on behalf of company or organization)					