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STATE OF IDAHOSEP 1 4 2020

DEPARTMENT OF WATER RESOURCEST OF
DEPARTMENT STATEMENT OF COMPLETIONS
WATER RESOURCEST OF SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$ 50
Receipt No. C109 255
Receipted By Date Receipted 8 19 - 2010

IDWR / NORTH

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** <u>and</u> that water has been applied to beneficial use to the extent described below. This form must be accompanied by an examination fee, when necessary, <u>or</u> 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 <u>idwr.idaho.gov</u> 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 <u>not</u> applying for an extension, please notify the Department in writing.

	· · · · · · · · · · · · · · · · · · ·					
1	. Permit No. <u>97 · 1 34</u>	2 Telephone No. 208.24	5.17	84		
2	. Name of Permit Holder(s)					
	Mailing Address 3325 State La Zip 838	08 Email Stractoge agrant. 101	n			
4	Source of Water/ Pond If GROUND WATER (well), Date Drilled mo / yr Well Driller Drilling Permit Number					
5.	Extent of use(s) completed as a	uthorized by the water right permit:				
	Domestic (No. of households) _	stic (No. of households) Stockwater (No. and type of stock) * 3 horses to clate				
	Irrigation (No. of acres)	Other		-		
6.	Total rate of diversion or storage volume for which proof is submitted cfs OR 3.3 acre-feet.					
 Compliance with a measuring device requirement, lockable controlling device requirement, and/or other cond 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? If yes, has the measuring device been installed?	Yes □ Yes □	No ∰ No ∰		
	Lockable Controlling Device	Is a lockable device required to control the diversion? If yes, has the lockable device been installed?	Yes □ Yes □	No ∰ No ∰		
	Fish Screen	Is a fish screen required? If yes, has the fish screen been installed?	Yes □ Yes □	No 🖫 No 🖫		
	Other Conditions of Permit To the approval conditions on your permit require you to submit additional information in connection with your proof of eneficial use? If yes, list the conditions below and attach documents with the required information. Completed? Yes No No					
8.	Fee Enclosed \$ or no Proof statements filed without an	t applicable . See fee schedule on page 2 of the instructions appropriate fee, will be considered incomplete.		No,⊠		
9.	Person to contact to accompany the Department representative during field examination of the water system. Name					
the	e information given on this form	n is my true statement of the extent to which the above numerted and applied to a beneficial use. I understand that any	undevelo _l	rmit has been ped portion of		

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AUG 19 2020

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

DEPARTMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE	USEONLY
Amt. of Fee \$	
Receipt No.	40000
Receipted By	KM
Date Receipted	8-19-2024

IDWR / NORTH

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.

1.	Permit No. 87 · 1134	72 Telephone No. 209 · 2	45.17	84				
2.	ame of Permit Holder(s) Larry 3 hunnel WHE							
3. Mailing Address 33253 St. De River Re. City Calder								
	State Id Zip 8380	28 Email Stackodge agman. 1						
4.	Source of Water/ yr If GROUND WATER (well), Date Drilled mo / yr							
	Well Driller Drilling Permit Number							
5.	Extent of use(s) completed as au	extent of use(s) completed as authorized by the water right permit						
	Domestic (No. of households)	Stockwater (No. and type of stock) 💥 3 h	orses to	date				
	Irrigation (No. of acres)	Other						
6.	Total rate of diversion or storage	volume for which proof is submitted cfs OR	<u> 3. </u>	-feet.				
7.	Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of pe 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 ⊈				
		If yes, has the measuring device been installed?	Yes □	No j⊈r				
	Lockable Controlling Device	Is a lockable device required to control the diversion? If yes, has the lockable device been installed?	Yes □ Yes □	No ∰ No ∰a				
	Fish Screen	Is a fish screen required?	Yes □	<i>7</i> º No □				
		If yes, has the fish screen been installed?	Yes □	No 🖟				
		,						
	Do the approval conditions on you beneficial use? If yes, list the con	the approval conditions on your permit require you to submit additional information in connection with your proof of eneficial use? If yes, list the conditions below and attach documents with the required information.						
		Complet	ed? Yes 🗌	No 💢				
8.	Fee Enclosed \$ or not applicable \(\sum_{\text{s}} \). See fee schedule on page 2 of the instructions. Proof statements filed without an appropriate fee, will be considered incomplete.							
9.	erson to contact to accompany the Department representative during field examination of the water system.							
	/							
	Mailing Address							
	State Zip	Email						
de the	veloped and water has been div e permit is relinquished to the S	(10 16) (10)	iny undevelop ${\cal G}$.	rmit has been ped portion of				
SIG	Signature of Permit Holder (Include your litie, if on behalf of company or organization) Date							



State of Idaho DEPARTMENT OF WATER RESOURCES

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

GARY SPACKMAN

September 21, 2020

LARRY WOLFE LYNNEL WOLFE 33253 ST JOE RIVER RD CALDER ID 83808-9710

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 87-11342

Dear Permit Holders:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. A condition of this permit may not have been complied with according to the information you have provided on your proof form.

Condition no. 4 of this permit states:

"Prior to the diversion and use of water under this approval, the right holder shall comply with all fish screening and/or fish passage requirements of the Idaho Department of Fish and Game."

You must comply with conditions of the permit without delay and prior to the field examination. I have enclosed a copy of this permit for your information. If you feel the condition is unnecessary you may submit a written request to the Department asking the requirement be waived.

The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely

Debbi Judd

Technical Records Specialist

Enclosures