

RECEIVED

MAY 10 2019

DEPARTMENT OF  
WATER RESOURCESSTATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USE

## FOR OFFICE USE ONLY

Amt. of Fee \$ 50  
Receipt No. C106702  
Received By AS  
Date Received 5/10/19

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](http://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.

- Permit No. 95-17157 Telephone No. (512) 771-6783
  - Name of Permit Holder(s) Thomas and Darla Fletcher
  - Mailing Address 720 Raven Ln City Careywood  
State ID Zip 83809 Email fletcher+md@gmail.com
  - Source of Water runoff, melt + rain If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_
  - Extent of use(s) completed **as authorized by the water right permit:**  
Domestic (No. of households) 0 Stockwater (No. and type of stock) 11 cows, future 7 cows + horses  
Irrigation (No. of acres) 0 Other extra storage for fire
  - Total rate of diversion or storage volume for which proof is submitted \_\_\_\_\_ cfs OR \_\_\_\_\_ acre-feet.
  - 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the lockable device been installed?         | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| Fish Screen                 | Is a fish screen required?                              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the fish screen been installed?             | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
- Other Conditions of Permit**  
Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.  
\_\_\_\_\_  
Completed? Yes ☐ No ☐
- Fee Enclosed \$ 50 or not applicable ☐. See fee schedule on page 2 of the instructions.  
Proof statements filed without an appropriate fee, will be considered incomplete.
  - Person to contact to accompany the Department representative during field examination of the water system.  
Name Tom Fletcher Telephone Number 512 771 6783  
Mailing Address 720 Raven Ln City Careywood  
State ID Zip 83809 Email fletcher+md@gmail.com

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

(Include your title, if on behalf of company or organization)

Date

5/5/19



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](http://www.idwr.idaho.gov)

GARY SPACKMAN  
Director

May 16, 2019

DARLA FLETCHER  
THOMAS FLETCHER  
720 RAVEN LN  
CAREYWOOD ID 83809-8001

### PROOF ACKNOWLEDGEMENT LETTER

**RE: Permit No. 95-17157**

Dear Permit Holder(s):

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. 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 Section 42-248, Idaho Code, 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](http://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,

Darla Block  
Technical Records Specialist

Enclosure(s)