



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)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

March 26, 2018

ELYSHA JOHNSON  
JOHN THOR JOHNSON  
PO BOX 362  
TWISP WA 98856

### PROOF DEFICIENCY LETTER

**RE: Permit No. 92-10889**

Dear Permit Holder(s):

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 item on the form:

- Item no. 5 of the proof form is incomplete.

If an acceptable proof is not received, the entire fee submitted will be returned to you.

Please resubmit the completed form at your earliest convenience before the proof due date of **May 01, 2018** to avoid the possibility of your permit lapsing. *Enclosed for your reference is a copy of your permit to appropriate water.* If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block  
Technical Records Specialist

Enclosure(s)

RECEIVED

MAR 26 2018

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 \$      | 50.00     |
| Receipt No.         | C104840   |
| Received By         | TK        |
| Date Received       | 3-26-2018 |

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.

1. Permit No. 92-10889 Telephone No. 509-341-9135

2. Name of Permit Holder(s) Thor Johnson

3. Mailing Address P.O. Box 3602 City Twisp  
State WA Zip 98856 Email ThorJohnsonPlumbing@gmail.com

4. Source of Water Unnamed Stream If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_

5. Extent 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 0.20 cfs OR 10 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 <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input type="checkbox"/>            | No <input checked="" 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 checked="" type="checkbox"/> |
| Fish Screen                 | Is a fish screen required?                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | If yes, has the fish screen been installed?             | Yes <input checked="" 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.

NONE Completed? Yes ☐ No ☒

8. Fee Enclosed \$ 50.00 or not applicable ☐. 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 system.

Name Thor Johnson Telephone Number 509-341-9135

Mailing Address P.O. Box 3602 City Twisp WA

State WA Zip 98856 Email ThorJohnsonPlumbing@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 [Signature] Date 3-18-22  
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098