



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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 15, 2017

TERRY A CHOWNING
CAROLE A CHOWNING
PO BOX 121
CLARK FORK ID 83811

PROOF DEFICIENCY LETTER

RE: Permit No. 96-9313

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 items on the form:

- Item no. 5 of the proof form is incomplete.
- Item no. 7 of the proof form is incomplete.

Please resubmit the completed proof form at your earliest convenience before the proof due date of **May 01, 2017** 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,

A handwritten signature in black ink that reads "Darla Block".

Darla Block
Technical Records Specialist

Enclosure(s)

MAR 13 2017

FOR OFFICE USE ONLY
 Amt. of Fee \$ 50⁰⁰
 Receipt No. C103167
 Received By JZ
 Date Received 3-13-17

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. 96-09313 Telephone No. 208-266-1245
2. Name of Permit Holder(s) TERRY A & CAROLE A. CHOWNING
3. Mailing Address P.O. Box 121 City CLARK FORK
State ID Zip 83811 Email terry.chowning@gmail.com
4. Source of Water well If GROUND WATER (well), Date Drilled mo. FEB/MAR. 2007
Well Driller AQUA DRILLING Drilling Permit Number 845347
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 _____ 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 ☐
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☐	No ☐
	If yes, has the lockable device been installed?	Yes ☐	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☐
	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 proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

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 TERRY A. CHOWNING Telephone Number 208-266-1245
Mailing Address P.O. Box 121 City CLARK FORK
State ID Zip 83811 Email terry.chowning@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 Larry A. Chowning Date 3-7-17
(Include your title, if on behalf of company or organization)

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