



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

August 17, 2016

FORD S DUNTON
2781 S EVERGREEN LN
COEUR D ALENE ID 83814

RE: Permit No. 95-15125

Dear Permit Holder(s):

On July 13, 2016, John Kildow filed the Statement of Completion for Submitting Proof of Beneficial Use (proof statement) with the Department along with the \$50.00 license examination fee. His proof statement was processed and acknowledged by the Department on July 20, 2016.

On August 15, 2016, you provided the Department with a proof statement along with a \$50.00 license examination fee. I am returning the proof statement you submitted, as it is determined unnecessary based on a previous filing provided to the Department by one of the other permit holders listed on this permit.

The fee you paid at the time of filing a proof statement will be refunded to you. You should receive a State of Idaho check for \$50.00 within ten (10) business days under separate cover.

Please contact me at (208) 287-4945, if you have any questions.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure

c: JOHN KILDOW, FRANK HETTMANN, GORDON GOODBAN, COLLEEN WALLEY,
KAREN WATTS & MOLLY OBETZ (permit holders)

RECEIVED

AUG 15 2016

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.	C102376
Received By	
Date Received	8/15/2016

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. L-95-S-5558 ⁹⁵⁻¹⁵¹²⁵ Telephone No. 208-661-7296
2. Name of Permit Holder(s) FORD S. DUNTON
3. Mailing Address 2781 S. EVERGREEN LN. City COEUR D'ALENE
State ID Zip 83814 Email SPIKERCALIF@aol.com
4. Source of Water CD'A LAKE 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 _____ 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 FORD DUNTON Telephone Number 208-661-7296
Mailing Address 2781 S. EVERGREEN LN. City CD'A
State ID Zip 83814 Email SPIKERCALIF@aol.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 8/12/16
(Include your title, if on behalf of company or organization)

Block, Darla

From: Block, Darla
Sent: Wednesday, August 17, 2016 11:50 AM
To: Marston, Sascha
Subject: Refund Needing Issued:

August 17, 2016

Re: Issuance of a refund under **water right permit no. 95-15125**

Dear Sascha,

Please issue a refund in the amount of \$50.00 for Proof of Beneficial Use from **Receipt ID No. C102376**. Proof had already been filed by one of the other permit holders, and processed by the Department. Please send the \$50.00 refund to the following:

**FORD S DUNTON
2781 S EVERGREEN LN
COEUR D ALENE ID 83814**

Thank You,
☺ Darla