



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

July 22, 2015

FRANK FOSDICK
PO BOX 250
LACLEDE ID 83841

PROOF DEFICIENCY LETTER

RE: Permit No. 96-9545

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof is not acceptable without the fee.

In addition, item no.6 of the proof form lists a higher maximum diversion rate than what is allowed under this permit. Please modify your form to reflect the permitted amount.

On Item no. 7 under Other Conditions of the Permit, please state whether or not a fish screen of ¼ inch mesh was installed and maintained at the point of diversion.

This permit authorizes a maximum diversion rate of 0.04 cfs (cubic feet per second) from surface water requiring a license examination fee of \$50.00. Please submit the required \$50.00 exam fee.

I am returning the original proof form to you so that you may make the necessary corrections and additions. Also enclosed is a copy of this permit along with the fee schedule for your reference.

Please resubmit your completed proof form with the required fee before the proof due date of **September 01, 2015** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUL 16 2015

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 \$ _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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, please contact any Department office or visit the Department's website at: www.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.: 96-09545 Telephone No.: 208 265-5818
2. Name of Permit Holder(s): FRANK P. FOSDICK
3. Mailing Address: P.O. BOX 250 City: LACLEDGE
State: ID Zip: 83841 Email: -
4. Source of Water: PONDERAY RIVER 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): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 77 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?

If yes, has the measuring device been installed?

Yes ☐	No ☒
Yes ☐	No ☐

Lockable Controlling Device:

Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐	No ☒
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 ☒
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8. Fee Enclosed: \$ _____ See fee schedule on back of the instructions for filing proof of beneficial use. Proofs 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: FRANK FOSDICK Telephone Number: 208 265-5810
Mailing Address: P.O. BOX 250 City: LACLEDGE
State: ID Zip: 83841 Email: -

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:

Frank P. Fosdick

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

Date:

7/11/15

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