



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 • Web Site: www.idwr.idaho.gov

GARY SPACKMAN
Director

C.L. "BUTCH" OTTER
Governor

January 13, 2014

KIM HOLTE
DIANNA HOLTE
12883 EMERALD DR
HAYDEN ID 83835

RE: Proof of Beneficial Use Water Right Permit No.: 91-7578

Dear Permit Holder.

Enclosed is a copy of the recent proof of beneficial use form you filed with the department and a copy of the permit issued on the right. This water right is for a domestic use for 1 home. Unfortunately the proof you filed does not list domestic as its use. Therefore, I am asking for clarification from you. I found that you have a water right for stock water storage, wildlife storage, recreation storage and aesthetic storage, which is water right no. 95-9206.

Please review this matter and complete a new form. Return the form to me within 15 days or your priority date may be advanced. No payment is necessary.

Enclosed you will also find a Statement of Completion, instructions for filing beneficial use and a water right report for the above mentioned water right.

If you have any questions, please contact me at (208) 287-4942. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jean Hersley".

Jean Hersley
Technical Records Specialist II

Enclosures

RECEIVED

NOV 20 2013

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. 097990
Receipt By: HP
Date Received: 11-20-13

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.: 91-7578 Telephone No.: 208-772-2269

2. Name of Permit Holder(s): Kim Holte

3. Mailing Address: 12883 N. Emerald Drive City: Hayden

State: ID Zip: 83835 Email: kdholte@gmail.com

4. Source of Water: Spring/pond 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): 2 horses

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: .20 cfs OR 20 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 ☐

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.

No Completed? Yes ☐ No ☐

8. Fee Enclosed: \$ 50.00 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: Kim Holte Telephone Number: 208-772-2269

Mailing Address: same as above City: _____

State: _____ Zip: _____ 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: Kim L. Holte Date: 11/18/13
(Include your title, if on behalf of company or organization)

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