



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](http://www.idwr.idaho.gov)

April 30, 2012

C. L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Interim Director

JAMES P DEVER  
LYNN C DEVER  
4170 FOUR CORNERS RD  
TENSED, ID 83870

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit Nos. 93-7191 & 93-7242**

Dear Permit Holder(s):

The department acknowledges receipt of the proof of beneficial use forms submitted for the above referenced permits. The next step in the process of developing water rights is for the department to conduct field examinations to determine and confirm the uses being made of the water.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of these water rights to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

If you have any questions concerning the field examinations, please contact the Northern Regional Office of the department in Coeur d'Alene at (208)762-2800.

Sincerely,

Darla Block  
Technical Records Specialist

Enclosure(s)

FEB 29 2023

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USE

**FOR OFFICE USE ONLY**  
 Amt. of Fee \$: 30-  
 Receipt No. CG94761  
 Receipt By: 2-29-2012  
 Date Received: SP7

1. Permit No.: 93 07191 Telephone No.: 208-596-5306

2. Name of Permit Holder(s): Lynn C Dever

3. Mailing Address: 4170 Fowl Corners Rd City: Tensed  
State: ID Zip: 83870 Email: jlhomes@cpcinternet.com

4. Source of Water: unamed 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): 2-4 horses  
Irrigation (No. of acres): \_\_\_\_\_ Other: wildlife, fire protection

6. Total rate of diversion or storage volume for which proof is submitted: 0.02 cfs OR 1.3 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?  
If yes, has the lockable device been installed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input 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.

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: Lynn Dever Telephone Number: \_\_\_\_\_  
Mailing Address: 4170 Four Corners Rd City: Tensed  
State: ID Zip: 83870 Email: jlnames@cpcinternet.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: My-Dover Date: 2/18/2012  
(Include your title, if on behalf of company or organization)

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