



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

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

November 16, 2010

ALEX BARATH
BARBARA BARATH
172 SUTTLE CREEK RD
KOOSKIA, ID 83839

PROOF DEFICIENCY LETTER

RE: Permit No. 81-11997

Dear Permit Holder(s):

The Department has received your Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department cannot accept the form you filed because of incomplete or missing information. Question no. 6 of the proof form is incomplete. I am returning the original form to you and ask that you complete the form and return it to me in the enclosed self addressed, stamped envelope.

To provide you with information regarding the permitted water uses and rate of diversion enclosed is a copy of the permit for your reference. Please complete the form to provide the Department with information about your completed development.

I will hold this matter for **15-days** from the date of this letter to wait for your response.

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

Sincerely,

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosures

RECEIVED

NOV 12 2010

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 \$: 50
Receipt No. 1092085
Receipt By: 287
Date Received: 11/12/2010

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.

- Permit No.: 81-11997 Telephone No.: 208-926-0998
- Name of Permit Holder(s): Barbara W. Barath
- Mailing Address: 172 Suttler Creek Rd. City: Kooskia
State: Id. Zip: 83539 Email: —
- Source of Water: Clearwater river If **GROUND WATER** (well), Date Drilled: mo. — / yr. —
Well Driller: — Drilling Permit Number: —
- 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): 1 Other: —
- Total rate of diversion or storage volume for which proof is submitted: — cfs OR — acre-feet.
- 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.

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: Barbara W. Barath Telephone Number: 208-926-0998Mailing Address: 172 Suttler Crk Rd. City: KooskiaState: Id. Zip: 83539 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:

Barbara W. Barath

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

Date: 11-8-10

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