



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

February 18, 2010

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

MICHAEL C KELLEY
CYNTHIA S KELLEY
1032 VANDERDASSON RD
EMMETT ID 83617

RE: Water Right Permit No. 65-22931

Dear Permit Holders:

The Department has received your Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department is unable to process your proof statement until item number 4 of this form has been completed according to I.C. 42-217.

I am returning the original form to you and ask that you complete item no.4 of this form, and return it before the proof due date of March 1, 2010. A copy of your proof statement will be kept in your file along with a copy of this letter. Enclosed is a copy of the permit for your reference.

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

Sincerely,

A handwritten signature in cursive script that reads "Darla Block".

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosures

RECEIVED

FEB 04 2010

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
Receipt No. 089975
Receipt By: SBF
Date Received: 2-4-10

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.: 65-22931 Telephone No.: 208-365-1600/707 489-4897
- Name of Permit Holder(s): Michael Kelley
- Mailing Address: 1032 Vanderdasson rd City: EMMETT
State: ID Zip: 83617 Email: o
- Source of Water: _____ 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): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 6 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: .12 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?

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 ☐

- Fee Enclosed: \$ 50⁰⁰ See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.

- Person to contact to accompany the Department representative during field examination of the water system.

Name: Michael Kelley

Telephone Number: 208 365 1600 / 707 489-4897

Mailing Address: 1032 Vanderdasson rd

City: Emmett

State: ID Zip: 83617

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: Michael Kelley

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

Date: 2-1-2010

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