



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

June 24, 2009

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

MARSHALL D OGDEN
JOLENE OGDEN
HC 67 BOX 550
CLAYTON ID 83227

RE: Permit No. 72-16692

Dear Mr. Ogden:

Per our conversation on this date, I am returning the proof of beneficial use and have requested that a refund of the \$100 fee be mailed to you. Once the project is complete, please submit the Statement of Completion for submitting proof of beneficial use. Please keep in mind that the proof is due on or before May 1, 2010.

If you are unable to submit proof of completion by May 1, 2010, you may request an extension of time. The request for extension of time can be submitted any time between November 1, 2009 and May 1, 2010. For your convenience, I have included a blank statement of completion form and a request for extension of time.

If you have any questions, please feel free to call me at 208-287-4952.

Sincerely,

Emalee Rushing
Office Services Supervisor

Enclosures

RECEIVED
JUN 18 2009
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 \$: 100
Receipt No. 088844
Receipt By: SKA
Date Received: 6-18-2009

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. 72-16692 Telephone No. 1-208-838-2964 for two wks. then call 1-208-866-7532
2. Name of Permit Holder(s): Marshall & Dolene Ogden
3. Mailing Address: HC 67 Box 550 City Clayton
State Id. Zip 83227 Email: liveadventure@aol.com
4. Source of Water: French Creek 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): _____
Irrigation (No. of acres): 14.7 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 0.29 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 ☐

* Diversion dam installation has been extended to spring of 2010 because of high water.

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.

NA

Completed? Yes ☐ No ☐

8. Fee Enclosed: \$ 100⁰⁰ 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: Marshall Ogden Telephone Number: 1-208-838-2964 until July 1, then call 1-208-866-7532
Mailing Address: HC 67 Box 550 City Clayton
State Id. Zip 83227 Email: liveadventure@aol.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: Marshall Ogden Date: June 15, 2009
(include your title, if on behalf of company or organization)



