IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little Director Mathew Weaver

February 13, 2025

CLARK CHRISTIANSEN
1992 JACOBS RD
NEZPERCE ID 83543-5007

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 85-15804

Dear Permit Holder(s):

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right 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 .

If you have any questions concerning the field examination, please contact the Northern Region Office of the Department located in Coeur d'Alene at (208) 762-2800.

Sincerely,

Julie Adams
Technical Records Specialist

Form 42-217 Rev. 6/22

RECEIVED
FEB 10 2025
IDWR / NORTH

RECEIVED
FEB 12 2025
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.	N045203
Receipted By	YMB
Date Receipted	2/10/25

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right 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 (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 85-15804 Name of Permit Holder(s) Clark Christiansen

Telephone No. 208 937-1051 Email canchis77@outlook.com

Mailing Address 1992 Jacobs Rd City Nezperce State ID Zip 83543

2. Source of Water pond If Ground Water (well), Date Drilled mo. NA / yr. ____

Drilling Permit/Tag No. NA Drilling Company's Name NA

3. Extent of use(s) completed **as authorized by the water right permit**:

Domestic (No. households) ____ Irrigation (No. acres) 8 Stockwater (No. and stock type) ____

Other ____

4. Total diversion rate or volume (storage only) for which proof is submitted 0.2 cfs OR ____ af

If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

pump

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required?	Yes	No	(If "Yes", attach required data, evidence of compliance, or evidence of installation)
☐	☐	☒	Ground water level data, pumping information, or other diversion data
☐	☐	☒	Mitigation plan
☐	☐	☒	Lockable controlling works
☐	☐	☒	Measuring device
☐	☐	☒	Fish screen
☐	☐	☒	Other requirements of the water right permit ____
	☐	☒	Reasonably Anticipated Future Needs ("RAFN") Municipal use

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

7. Fee Enclosed $ 50.00 or ☐ CWRE field report attached or ☐ No fee required

See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: Clark Christiansen Telephone No. 208 937-1051 Email canchis77@outlook.com

Mailing Address 1992 Jacobs Rd City Nezperce State ID Zip 83543

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 beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

SIGNATURE OF PERMIT HOLDER*	PRINTED NAME AND TITLE	DATE
[signature]	Clark Christiansen	2/3/2025

*Attach power of attorney if completing on behalf of permit holder.