

RECEIVED

DEC 12 2023

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 \$ 50Receipt No. C117501Received By KMDate Received 12.12.23

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. 97-08150 Name of Permit Holder(s) Larry L Gerow, Maureen C Gerow
Telephone No. 208 448 1785 Email larry.gerow48@gmail.com
Mailing Address P.O. Box 1270 City Priest River State ID Zip 83856

2. Source of Water ground water If Ground Water (well), Date Drilled mo. 1 yr. 1979/1980
Drilling Permit/Tag No. No longer have records Drilling Company's Name Carl Pits Well Drilling

3. Extent of use(s) completed as authorized by the water right permit.
CARL PITS WELL DRILLING IS OUT OF BUSINESS & CARL IS DECEASED.

Domestic (No. households) 1 Irrigation (No. acres) 1/2 Stockwater (No. and stock type) _____

Other one home & 1/2 Acre lawn & garden on automatic Sprinkler-System

4. Total diversion rate or volume (storage only) for which proof is submitted • 10 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.)
up to 10 cfm is pumped from a 60' well by 1 hp submersible pump to one house & lawn & garden automatic sprinkler system (used April-Oct.)

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 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: Larry Gerow Telephone No. 208 448 1785 Email larry.gerow48@gmail.com
Mailing Address P.O. Box 1270 City Priest River State ID Zip 83856

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

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

Maureen Gerow Maureen Gerow owner 12-7-23

BY M. McMillen DATE 8-3-76
 CHKD. BY _____ DATE _____
 REVISED 8-6-76 CPM

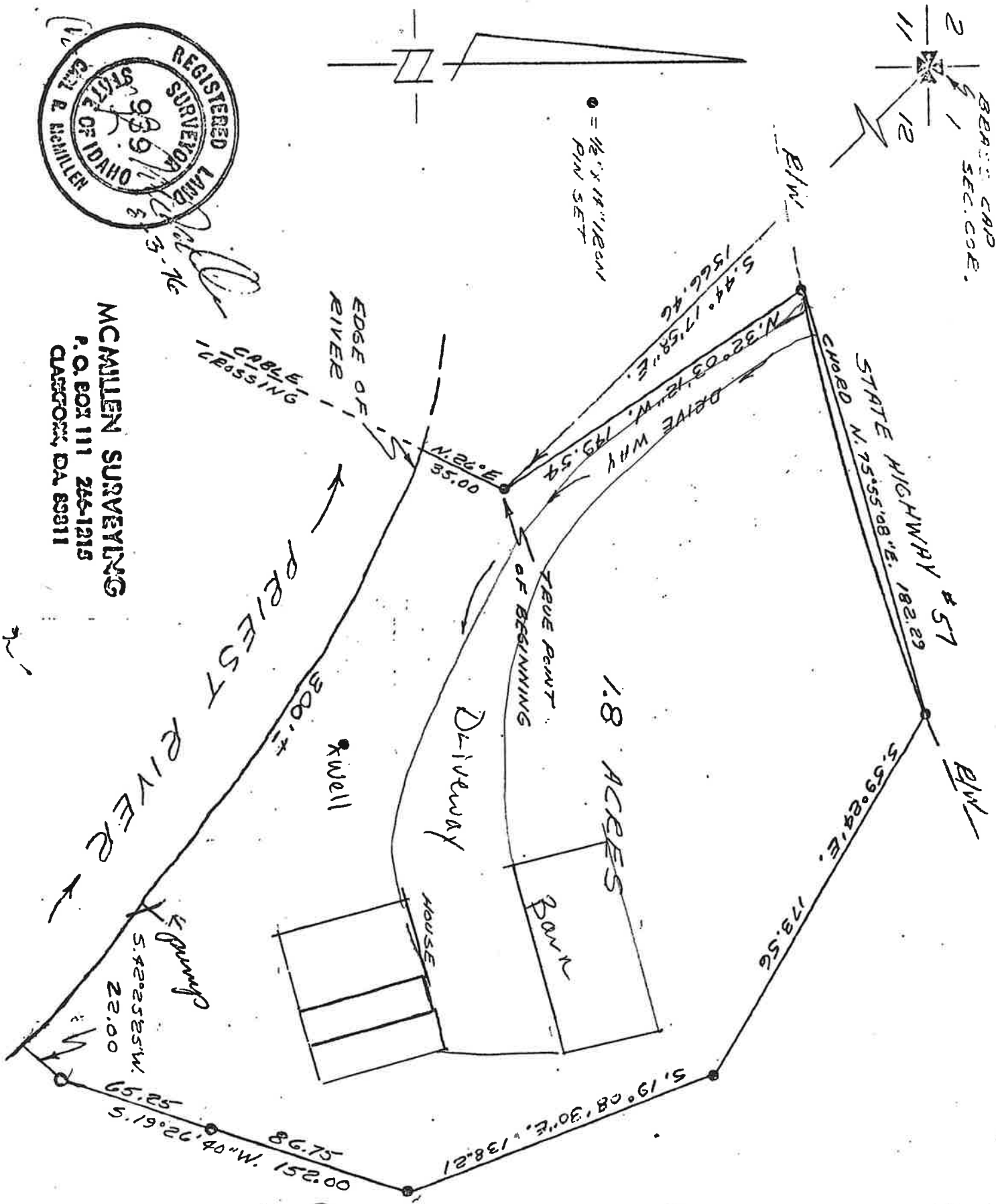
SUBJECT NACCARATO PROP.
A PART OF THE N.W. 1/4
SE 12 T. 56 N. R. 5 W. P. M.

SHEET NO. _____ OF _____
 JOB NO. 76-31
 SCALE: 1" = 50'



M. McMillen
 8-3-76

McMILLEN SURVEYING
 P.O. BOX 111 266-1215
 CLATSOP, WA 98111



Beneficial Use Proof Evaluation

Permit Number: 97-8150 Reviewer: AVeibell Review Date: 12/13/2023

Acceptability

- 1) Is the contact on the request the current permit holder? Yes
- 2) Does the address of record need to be updated? No
- 3) Proof Submitted Date: 12/12/2023
- 4) Proof Due Date: 2/1/2024
- 5) Days added for weekend due date? 0
- 6) Days added for holiday due date? 0
- 7) Number of days late: -51
- 8) Proof received timely? Yes

Analysis

- 1) Are the water uses correct? Yes
- 2) Are one of the following items required?
 - a. Measuring Device -- No
 - b. Lockable Device --No
 - c. Fish Screen -- No
- 3) Are the required items installed? Yes
 - a. Measuring Device -- No
 - b. Lockable Device --No
 - c. Fish Screen -- No
- 4) Is there a request to waive the required items? No
- 5) Drilling Permit Number:
- 6) Is a drilling permit upgrade needed? No
- 7) Was a well drillers report filed? No
- 8) Is proof accepted? Yes

Fees

- 1) Is a licensing exam fee required? Yes
- 2) Was proof submitted with an exam report from a CWE? No
- 3) Filing fee due: \$50.00
- 4) Filing fee submitted: \$50.00
- 5) Remaining fee or (refund): \$0.00

Receipt IDs

N038008

Comments

Proof deemed acceptable. Gave file to water right agent for in-house license review. Water right agent will enter the proof made date in AdHoc at the time of licensing.