

RECEIVED

Form 42-217 Rev. 6/22

AUG 11 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 \$ 100
Receipt No. 422508
Received By B.M.
Date Received 8.11.25

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. 65-23960 Name of Permit Holder(s) ROBERT R. ANNO
Telephone No. 541-601-8907 Email robanno11@gmail.com
Mailing Address 11 PINE BEACH RD City BODEN VALLEY State ID Zip 83622

2. Source of Water MF Ayrer River If Ground Water (well), Date Drilled mo. ____ / yr. ____
Drilling Permit/Tag No. ____ Drilling Company's Name ____

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

Domestic (No. households) N/A Irrigation (No. acres) 5.75 Stockwater (No. and stock type) N/A
Other TROUT POND WITH OUTFLOW BACK TO RIVER

4. Total diversion rate or volume (storage only) for which proof is submitted 2.80 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.)

PUMPING FOR IRRIGATION AND TROUT POND AND PROVIDING THROUGH FLOW IN AND OUT OF 3/4 ACRE POND.

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 - <u>ROCK FILTRATION DAM WAS CONSTRUCTED ON OUTFLOW</u> |
| ☐ | ☒ | 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 \$ 100 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: ROBERT R. ANNO Telephone No. 541-601-8907 Email robanno11@gmail.com
Mailing Address 11 PINE BEACH RD City BODEN VALLEY State ID Zip 83622

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]
SIGNATURE OF PERMIT HOLDER*

ROBERT R. ANNO
PRINTED NAME AND TITLE

8-6-2025
DATE

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



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

August 14, 2025

ROBERT ANNO
11 PINE BEACH RD
GARDEN VALLEY ID 83622-1036

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 65-23960

Dear Permit Holder(s):

The department acknowledges receipt of the proof of beneficial use form (proof) submitted for the above referenced permit.

A \$100.00 license examination fee was also submitted with the beneficial use form. This permit authorizes a diversion rate of 0.17 cfs (cubic feet per second) and 2.0 af (acre-feet) requiring a license examination fee of \$50.00. The \$50.00 portion of the submitted fee in excess of the required amount will be returned to you in a separate mailing.

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 Western Region Office of the department located in Boise at (208) 334-2190.

Sincerely,

Julie Adams
Technical Records Specialist 1

Enclosure(s)

Julianna Adams

From: Julianna Adams
Sent: Wednesday, August 13, 2025 2:38 PM
To: IdwrPayable
Subject: Refund for 65-23960
Attachments: C122508.docx

Hello

Please process refund as soon as possible for attached receipt C122508. Statement of Completion fee was overpaid.

Thank you,



IDAHO DEPARTMENT OF
WATER RESOURCES

Julie Adams | Technical Records Specialist I

322 E Front St, PO Box 83720, Boise, ID 83720

(208) 287-4945 | www.idwr.idaho.gov

Idaho Department of Water Resources Receipt
Receipt ID: C122508

Payment Amount	\$100.00	Date Received	8/11/2025	Region	STATE
Payment Type	Check	Check Number	9312		
Payer	ANNO, NANCY J. / ANNO, ROBERT R.				
Comments	STATEMENT OF COMPLETION FOR SUBMITTING PROOF OF BENEFICIAL USE PERMIT # 65-23960 FOR: ROBERT R. ANNO				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$100.00	BENEFICIAL USE	56104	0229	21		1155

Signature Line (Department Representative)

Please refund \$50, fee for the Statement of Completion is overpaid.

Nancy J Anno
Robert R Anno
11 Pine Beach Rd
Garden Valley ID 83622