

RECEIVED

APR 10 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 \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

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. 96-15124 Name of Permit Holder(s) ROBERT J. PETERSEN  
Telephone No. 208-255-1992 Email bob.petersen1141@gmail.com  
Mailing Address P.O. BOX 708 City SAGLE State ID Zip 83860

2. Source of Water GROUNDWATER If Ground Water (well), Date Drilled mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
Drilling Permit/Tag No. D0079702 Drilling Company's Name AAA SWEETWATER

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

Domestic (No. households) 1 Irrigation (No. acres) \_\_\_\_\_ Stockwater (No. and stock type) \_\_\_\_\_  
Other 1/2 ACRE IRRIGATION INCLUDED

4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 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.)  
EXISTING WELL WITH 5 HP PUMP, PIPELINE TO WATER USE.

## 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)

- |                          |                                     |                                                                       |
|--------------------------|-------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ground water level data, pumping information, or other diversion data |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mitigation plan                                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lockable controlling works                                            |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Measuring device                                                      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fish screen                                                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other requirements of the water right permit _____                    |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 \$ N/A 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 PETERSEN Telephone No. 208-255-1992 Email bob.petersen@G-MAIL  
Mailing Address P.O. BOX 708 City SAGLE State ID Zip 83860 <sup>CO</sup>

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.



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](mailto:idwrinfo@idwr.idaho.gov) • Website: [idwr.idaho.gov](http://idwr.idaho.gov)

Governor Brad Little  
April 13, 2023

Director Gary Spackman

ROBERT J PETERSEN  
PO BOX 708  
SAGLE ID 83860

**STATEMENT OF COMPLETION LETTER**

**RE: 96-15124**

Dear Interested Party:

The Department received a proof of beneficial use (proof) form you submitted for the above referenced permit application.

I am returning the form to you because this application for permit is not yet an approved permit and proof cannot be accepted.

If you have any questions concerning this matter, please contact me at (208) 287-4920 or [debby.judd@idwr.idaho.gov](mailto:debby.judd@idwr.idaho.gov).

Sincerely,

Debby Judd  
Technical Records Specialist

Enclosure