



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

July 13, 2026

TROY DAVIS
376 STILL MEADOW LN
PRIEST RIVER ID 83856

PROOF DEFICIENCY LETTER

RE: Permit No. 97-8755

Dear Permit Holder(s):

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

I am returning the form to you because information provided on the application is not sufficient or incomplete. Please address the following item on the form:

- Your proof form does not state the total diversion rate or volume for which your proof form was submitted. Please provide the total diversion rate or volume for which your proof is submitted.

A license examination fee was not submitted with the proof form. This permit authorizes a diversion rate of 0.09 cfs (cubic feet per second) of surface water from the Priest River requiring a license examination fee of \$50.00. Please submit the required fee when resubmitting the form.

Please resubmit the completed form and fee requested at your earliest convenience before the proof due date of **September 01, 2026** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Julie Adams

Julie Adams
Technical Records Specialist 1

Enclosure(s)

JUL 10 2026

COPY

STATE 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. 97-08755 Name of Permit Holder(s) TROY DAVIS
Telephone No. 208-448-1867 Email TROYWC.DAVIS@MSN.COM
Mailing Address 376 STILLMEADOW LANE City PRIEST RIVER State ID Zip 83856

2. Source of Water PRIEST 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) _____ Irrigation (No. acres) 3.6 Stockwater (No. and stock type) _____
Other _____

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

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 \$ _____ 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: TROY DAVIS Telephone No. 208-448-1867 Email TROYWC.DAVIS@MSN.COM
Mailing Address 376 STILLMEADOW LN. 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.

Troy W. C. Davis
SIGNATURE OF PERMIT HOLDER*

TROY W. C. DAVIS - owner
PRINTED NAME AND TITLE

7/8/26
DATE

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

COPY

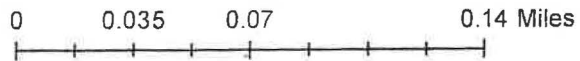
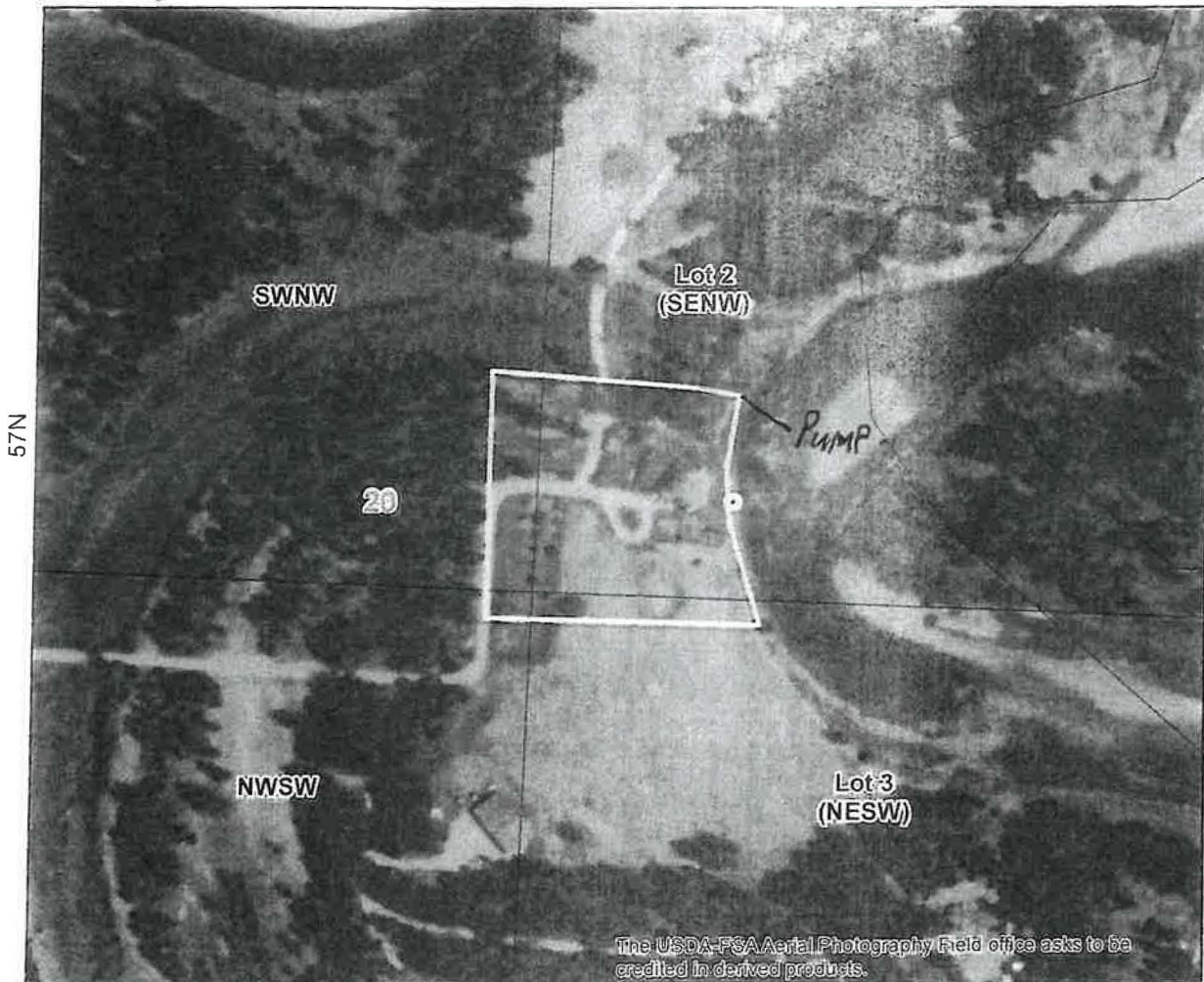
RETURNED

State of Idaho
Department of Water Resources

Attachment to Permit to Appropriate Water
97-8755

This map depicts the IRRIGATION place of use boundary for this water right at the time of this approval and is attached to the approval document solely for illustrative purposes.

04W



Actual Use Area

- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters
- Point of Diversion

