



Milton A. (Lock) Slavin

ATTORNEY AT LAW
116 NORTH CENTER STREET
SALMON, IDAHO 83467

(208) 756-2030

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AUG 06 2004
DEPARTMENT OF
WATER RESOURCES

COPY

August 4, 2004

Gary Spackman
Idaho Department of Water Resources
1301 North Orchard
Boise, Idaho 83706

RE: *Williams Recreational Water & Sewer District*
Water Right Permit Nos. 75-07589 and 75-07590

Dear Mr. Spackman:

This office represents the Williams Lake Recreational Water and Sewer District.

This letter is to request a modification in designation from the domestic water rights to municipal use water rights with regard to the above referenced water right permits to happen during the proof of beneficial use field exams and final licensing process.

A copy of the Proof of Beneficial Use Forms sent to the Department of Water Resources in January 1998 is hereby attached, for your convenience.

If you should have any questions, please feel to contact our office at your earliest convenience.

Sincerely,

Milton A. Slavin
MILTON A. SLAVIN

MAS\ras

Enclosures: cited

cc: Roxanne Brown

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JAN 23 1993

Department of Water Resources

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 100.00

Receipt No. 8701254

Receipt By: aur

Date Received: 1-23-93

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DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 75-07590 Telephone No. (208) 756-4845
MA Slavin (208) 756-2030
(Accountant) Salmon Business Service

2. Name(s) of Permit Holder(s): Williams Lake Recreational water & Sewer District

3. Mailing Address: Box 82, Salmon, ID 83467

4. Source of Water: Spring If **GROUNDWATER** (well), Date Drilled: mo. ____ / yr. ____

a. Well Driller: _____ Drilling Permit Number: _____

b. **OPTIONAL:**
 Pump Horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 64 dom. Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 0.50 Other: + Williams Lake Resort

6. Total rate of diversion and/or volume for which proof is submitted: 0.50 cfs OR _____ acre feet

7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
 (This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device: Is a measuring device required?

Yes _____ or No ☒

Has the measuring device been installed?

Yes _____ or No _____

Flow Measurement Port: Is a flow measurement port required?

Yes ☒ or No _____

Has the measurement port been installed?

Yes _____ or No ☒

8. Fee Enclosed: \$ 100.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
Please waive condition

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Harold G Sisco Telephone Number: 756-4845

Address: _____

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Harold G Sisco, chairman Date: 1-22-1998
 (include your title, if on behalf of company of organization)

RECEIVED

JAN 23 1998

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

AUG 06 2004

Department of Water Resources

DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

M.A. Sloan (208) 756-2036

(Accountant) Salmon Business Service

1. Permit No. 75-07589 Telephone No. (208) 756-48452. Name(s) of Permit Holder(s): Williams Lake Recreational water & Sewer District3. Mailing Address: Box 82, Salmon ID 834674. Source of Water: Spring If **GROUNDWATER** (well), Date Drilled: mo. ____ / yr. ____

a. Well Driller: _____ Drilling Permit Number: ____ - ____ - ____ - ____

b. **OPTIONAL:**
Pump Horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 64 dom Stockwater (No. and type of stock): _____Irrigation (No. of acres): 1 Other: Williams Lake Resort6. Total rate of diversion and/or volume for which proof is submitted: 0.50 cfs OR _____ acre feet

7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)

(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device: Is a measuring device required?Yes ____ or No ☒

Has the measuring device been installed?

Yes ____ or No ____

Flow Measurement Port: Is a flow measurement port required?Yes ☒ or No ____

Has the measurement port been installed?

Yes ____ or No ☒8. Fee Enclosed: \$ 100.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Harold G Sisco Telephone Number: 756-4845

Address: _____

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Harold G Sisco, Chairman Date: 1-22-1998
(include your title, if on behalf of company or organization)