



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

GARY SPACKMAN
Director

June 10, 2021

JERRY JOHN
RENATE JOHN
3215 E FRENCH GULCH RD
COEUR D ALENE ID 83814-7712

PROOF DEFICIENCY LETTER

RE: Permit No. 95-17168

Dear Permit Holders:

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof is not acceptable without the correct fee and the form is missing information. This permit authorizes a diversion rate of 0.04 cfs (cubic feet per second) requiring a license examination fee of \$50.00.

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

- Question #7 concerning permit conditions is blank. This permit requires a fish screen (condition #4). I have enclosed a copy of the permit for your convenience.

Please submit the required fees and completed form at your earliest convenience before the proof due date of **August 01, 2021** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4920 or debby.judd@idwr.idaho.gov.

Sincerely,

Debby Judd
Technical Records Specialist

Enclosures

RECEIVED

JUN 08 2021

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 \$	
Receipt No.	
Received By	
Date Received	6-8-21

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use 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.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are **not** applying for an extension, please notify the Department in writing.

- Permit No. 95-17168 Telephone No. (208) 661-1353
- Name of Permit Holder(s) Renate and/or Jerry John
- Mailing Address 3215 E. French Gulch City Coeur d'Alene
State Id Zip 83814 Email sohnlein68@gmail.com
- Source of Water creek If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller _____ Drilling Permit Number _____
- Extent of use(s) completed **as authorized by the water right permit**:
Domestic (No. of households) _____ Stockwater (No. and type of stock) 1 horse, 9 chicken
Irrigation (No. of acres) 0.5 Other _____
- Total rate of diversion or storage volume for which proof is submitted 0.02 cfs OR _____ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☐	No ☐
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☐	No ☐
	If yes, has the lockable device been installed?	Yes ☐	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☐
	If yes, has the fish screen been installed?	Yes ☐	No ☐

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☐

- Fee Enclosed \$ _____ or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name Renate John Telephone Number (208) 661-1353
Mailing Address 3215 E. French Gulch City CA
State Id Zip 83814 Email sohnlein68@gmail.com

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 a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder Renate John Date June 3, 2021
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098