



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](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

October 09, 2018

BEN TATE  
RHONDA TATE  
766 PONDER POINT DR  
SANDPOINT ID 83864

### PROOF DEFICIENCY LETTER

**RE: Permit No. 96-9593**

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

- Item no. 5 of the proof form is incomplete. Please list a number of households under the domestic use.
- Item no. 6 of the proof form is incomplete.
- Item no. 7 of your proof form indicates that a fish screen is not required. According to condition no. 4 of this permit a fish screen is required.
- The proof form was not accompanied by the required \$50.00 license examination fee. This permit authorizes a maximum diversion rate of 0.04 cfs (cubic feet per second) from surface water requiring a license examination fee of \$50.00.

To provide you with information regarding the permitted water uses and diversion rate, enclosed is a copy of this permit for your reference.

Please resubmit the completed form along with the required fee at your earliest convenience before the proof due date of **December 01, 2018** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block  
Technical Records Specialist

Enclosure(s)

RECEIVED

OCT 03 2018

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 \_\_\_\_\_

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](http://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.

1. Permit No. 96-09593 Telephone No. 208 263-4130
2. Name of Permit Holder(s) BEN AND RHONDA TATE
3. Mailing Address 766 PONDER PT. DR. City SANDPOINT  
State ID. 83864 Email benetate@hotmail.com
4. Source of Water LAKE PEND OREILLE ☒ **GROUND WATER** (well), Date Drilled mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_
5. Extent of use(s) completed **authorized by the water right permit:**  
Domestic (No. of households) \_\_\_\_\_ Stockwater (No. and type of stock) \_\_\_\_\_  
Irrigation (No. of acres) 3/4 ACRE Other \_\_\_\_\_
6. Total rate of diversion or storage volume for which proof is submitted \_\_\_\_\_ cfs OR \_\_\_\_\_ acre-feet.
7. Compliance with measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:  
Refer to the appropriate 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the lockable device been installed?         | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| Fish Screen                 | Is a fish screen required?                              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the fish screen been installed?             | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

**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 ☒

8. 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.
9. Person to contact to accompany the Department representative during field examination of the water system.  
Name BEN TATE Telephone Number 208 290-7383  
Mailing Address 766 PONDER PT. City SANDPOINT  
State ID Zip 83864 Email benetate@hotmail.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 [Signature] Date OCT 1, 2018  
(Include your title, if on behalf of company or organization)

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