



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

C.L. "BUTCH" OTTIE
Governor

GARY SPACKMAN
Director

September 11, 2018

SYRINGA WATER & SEWER CO INC
PO BOX 168
COEUR D ALENE ID 83816-0168

PROOF DEFICIENCY LETTER

RE: Permit No. 95-9324

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 items on the form:

- Item no. 7 of the proof form is incomplete.
Please address all portions of item no. 7, including other conditions of permit that require you to submit additional information in connection with your proof form.

Enclosed is a copy of this permit for you reference. For your convenience I highlighted the conditions that will assist you in the completion of your proof form.

Please resubmit the completed form at your earliest convenience before the proof due date of **November 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

SEP 07 2018

AUG 31 2018

IDWR/NORTH

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

 Amt. of Fee \$ 125.00
 Receipt No. N033734
 Received By JG
 Date Received 8-31-18

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.

1. Permit No. 95-9324 Telephone No. 208-661-4498
2. Name of Permit Holder(s) SYRINGA WATER
3. Mailing Address P.O. Box 168 City CDA
State ID Zip 83816 Email _____
4. Source of Water CDA LAKE If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
Well Driller _____ Drilling Permit Number _____
5. Extent of use(s) completed as **authorized by the water right permit**:
Domestic (No. of households) 70 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) _____ Other _____
- Total rate of diversion or storage volume for which proof is submitted 2 cfs OR _____ acre-feet.

7. 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 ☐

8. Fee Enclosed \$ 125.00 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 JOHN SHIELDS Telephone Number 208-659-3425
Mailing Address 3401 LODGEPOLE RD City CDA
State ID Zip 83815 Email _____

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 George Hamilton Rosier Date _____
(Include your title, if on behalf of company or organization)