



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" OTTER
Governor

GARY SPACKMAN
Director

July 19, 2017

RICHARD HOLZER
9133 23RD NW
SEATTLE WA 98117

PROOF DEFICIENCY LETTER

RE: Permit No. 95-9558

Dear Permit Holder:

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 form is not sufficient or incomplete. Please address the following items on the form:

- Item no. 6 of this form has not been completed.
- Item no. 7 of this form has not been completed.

Enclosed is a copy of your permit for reference. Please resubmit the completed form at your earliest convenience.

If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

A handwritten signature in black ink that reads "Darla Block".

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUL 07 2017

IDWR / NORTH

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

RECEIVED

FOR OFFICE USE ONLY	
Amt. of Fee \$:	50.00
Receipt No.:	N032767
Receipt By:	NS
Date Received:	7-7-17

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, please contact any Department office or visit the Department's website at: www.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.: 95-9558 Telephone No.: 206-782-6630

2. Name of Permit Holder(s): Richard Holzer

3. Mailing Address: 9133-23rd NW City: Seattle

State: Wash Zip: 98117 Email: _____

4. Source of Water: Coeur d'Alene Lake **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): 0 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: Future Cabin + Fire Protection

6. Total rate of diversion or storage volume for which proof is submitted: _____ 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?

If yes, has the measuring device been installed?

Yes ☐	No ☐
Yes ☐	No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐	No ☐
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: \$ _____ See fee schedule on back of the instructions for filing proof of beneficial use. Proofs 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: Richard Holzer Telephone Number: 206-782-6630

Mailing Address: 9133-23rd NW City: Seattle

State: Wash Zip: 98117 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: _____

(Include your title, if on behalf of company or organization)

Date: 6/30/17

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