



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

December 15, 2016

EUGENE DEITZ
KEN CHARITON
TERESA CHARITON
891 E MILES AVE
HAYDEN ID 83835

PROOF DEFICIENCY LETTER

RE: Permit No. 94-8280

Dear Interested Parties:

The Department received your Statement of Completion for submitting proof of beneficial use ("proof") on December 14, 2016 for the above referenced water right permit. The proof form submitted does not reflect the same source or use allowed under this permit. This permit allows a maximum diversion rate of 0.04 cfs from a groundwater well to be use for domestic use on 4 RV sites. I am returning your proof form as it does not match this permit. I am enclosing a copy of the above mentioned permit for your reference with a new set of forms and instructions for your use.

Please submit a new form to the Department, whether it be the Request for Extension of Time form, or the Statement of Completion ("proof") form. The \$50.00 filing fee that has been received will be applied to one form or the other.

In addition, this water right is in the permit stage. A water right in the permit stage is considered to be personal property of the permit holder of record with the Department, and this permit is currently in the names of Eugene Deitz, and/or Ken Chariton, and/or Teresa Chariton. An "Assignment of Permit" form is required to make the change in ownership of this permit. The assignment of permit form must be filled out and signed by all of the current permit holders. Enclosed for your use is an Assignment of Permit form.

If you have any questions, please contact me at 208-287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

DEC 14 2016

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 \$	50
Receipt No.	002783
Received By	YC
Date Received	12/14/16

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. 94-08280 Telephone No. 208-755-9205
 2. Name of Permit Holder(s) Deitz Living Trust
 3. Mailing Address 891 E Miles Avenue City Hayden
 State ID Zip 83835 Email Jan Deitz Email@gmail.com
 4. Source of Water River 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) _____ Stockwater (No. and type of stock) _____
 Irrigation (No. of acres) _____ Other Irrigation - 4mo./year
 6. Total rate of diversion or storage volume for which proof is submitted .30 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 \$ 50.00 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 Jan Deitz Telephone Number 208-964-9335
 Mailing Address 7566 N. Wheatfield City Coeur d'Alene
 State ID Zip 83815 Email Jan Deitz Email@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 Jan Deitz for Deitz Living Trust Date 12/12/2016
 (include your title, if on behalf of company or organization)

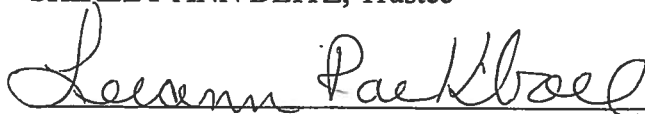
Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

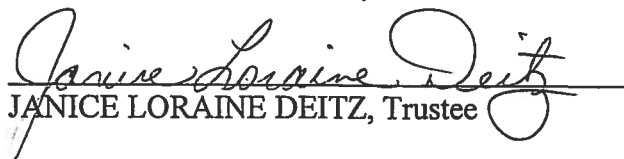
Pursuant to laws of the State of Idaho, this Certification of Trust is signed by all the currently acting Trustees of the DEITZ LIVING TRUST dated JUL 22 2015, who declare:

1. The Trustors are EUGENE LEE DEITZ and SHIRLEY ANN DEITZ. The trust is revocable by the Trustors, acting jointly and not separately.
2. The Trustees of the trust are SHIRLEY ANN DEITZ, LEEANN RAE KIMBALL and JANICE LORAIN DEITZ. The signature of one Trustee is sufficient to exercise the powers of the Trustee.
3. The tax identification number of the trust is the Social Security number of either EUGENE LEE DEITZ or SHIRLEY ANN DEITZ.
4. Title to assets held in the trust will be titled as:
SHIRLEY ANN DEITZ, LEEANN RAE KIMBALL and JANICE LORAIN DEITZ, Trustees, or their successors in trust, of the DEITZ LIVING TRUST dated JUL 22 2015, and any amendments thereto.
5. An alternative description will be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor Trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.
6. Excerpts from the trust document that establish the trust, designate the Trustee, and set forth the powers of the Trustee will be provided upon request. The powers of the Trustees include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests.
7. The terms of the trust provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this trust or the authority of my Trustee, or to see to the application that my Trustee makes of funds or other property received by my Trustee.
8. The trust has not been revoked, modified, or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

Dated: JUL 22 2015


SHIRLEY ANN DEITZ, Trustee


LEEANN RAE KIMBALL, Trustee


JANICE LORAIN DEITZ, Trustee