



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

November 13, 2015

GARY SPACKMAN

Director

DANIEL A LOEFFLER
SUSAN M LOEFFLER
18812 N ATLAS RD
RATHDRUM ID 83858

RE: Water Right Permit 95-12783

Dear Mr. & Mrs. Loeffler:

I am writing to confirm our telephone conversation today regarding the above referenced permit and the statement of completion (proof) form. The department lost your original proof form and inadvertently lapsed the permit. I apologize for the confusion and annoyance this error has caused you. We want to correct this matter and maintain the active status of your water right.

I have enclosed a partially completed proof form for your convenience and a copy of your permit for reference. Please carefully review all the information and make any changes or corrections necessary. Complete the rest of the proof form and return it directly to me for processing. This step will document completion of the development of this permit and allow us to prepare an order to reinstate your permit as we discussed.

I appreciate your assistance in correcting this matter. If you have any questions about this matter, please call me directly at (208) 287-4951, e-mail me at pam.skaggs@idwr.idaho.gov or contact me by mail, and I will be happy to assist you.

Sincerely,

Pamela S. Skaggs
Water Rights Supervisor

Enclosures

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

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. N031393
Receipt By: _____
Date Received: 7-27-2015

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: 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.: 95-12783 Telephone No.: (208) 964-1118
2. Name of Permit Holder(s): Daniel A Loeffler or Susan M Loeffler
3. Mailing Address: 18812 N Atlas Rd City: Rathdrum
State: ID Zip: 83858 Email: _____
4. Source of Water: Ground Water 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: _____
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? 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 ☐
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.
Original Proof Statement submitted 7/27/2015. Fee Receipt #N031393. Completed? Yes ☐ No ☐
8. Fee Enclosed: \$ 50.00 pd 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: _____ Telephone Number: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ 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: _____ Date: _____
(Include your title, if on behalf of company or organization)

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