



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

November 25, 2015

ROBERT GARRISON
LORETTA M GARRISON
627 ELIZABETH RD
SAN ANTONIO TX 78209

PROOF DEFICIENCY LETTER

RE: Permit No. 96-9525

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof is not acceptable without the correct fee. A copy of the form is enclosed for your reference.

A \$50.00 license examination fee was submitted with your proof form. This permit authorizes a diversion rate of 0.20 cubic feet per second (cfs) with a maximum diversion volume of 52.1 acre feet (af). The license examination fee is based on the greater of the two amounts allowed which is the 52.1 af. The Department requires a license examination fee of \$100.00. Enclosed for your reference is a license examination fee schedule.

Please submit the remaining \$50.00 of the required fee at your earliest convenience. 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 13 2015
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 \$: 50.00
Receipt No. 0101083
Receipt By: dh
Date Received: 10-13-15

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.: 96-09525 Telephone No.: 361 816-7223
2. Name of Permit Holder(s): Robert Garrison and/or Loretta M. Garrison
3. Mailing Address: 627 Elizabeth Road City: San Antonio
State: TX Zip: 78209 Email: Robert_Garrison@eogresources.com
4. Source of Water: Ground water & Mirror Creek If **GROUND WATER** (well), Date Drilled: mo. Oct / yr. 2014
Well Driller: Hester Excavation set 12-foot cistern Drilling Permit Number: N/A
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): 10 Other: Recreation, Fire & Wildlife Storage
6. Total rate of diversion or storage volume for which proof is submitted: .20 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.
N/A Completed? Yes ☐ No ☐
8. Fee Enclosed: \$ 50 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: Steve Klatt Telephone Number: 208 263-8399
Mailing Address: P.O. Box 345 City: Sandpoint
State: ID Zip: 83864 Email: skmidas@sandpoint.net

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

Date: 10/10/2015

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