



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

October 29, 2015

SUSAN E DREDGE
7475 E YELLOWSTONE TRAIL
COEUR D ALENE ID 83814

PROOF DEFICIENCY LETTER

RE: Permit No. 95-11705

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof form is not acceptable without the license examination fee. This permit authorizes a diversion rate of .17 cfs (cubic feet per second) from groundwater and requires a license examination fee of \$50.00. A copy of the fee schedule and a copy of this permit are enclosed for your reference.

Per our telephone conversation today, it is my understanding that you have completed the entire development listed on your permit. I am returning to you the original proof form that you filed on October 26, 2015, along with a new blank proof form to be completed to more accurately match the amounts and uses listed on your permit.

Please submit the newly completed proof form and the required fee at your earliest convenience before the proof due date of **December 01, 2015** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

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

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

OCT 26 2015

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

FOR OFFICE USE ONLY

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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.

- Permit No.: 95-11705 Telephone No.: 208-664-3819
- Name of Permit Holder(s): Susan E. Dredge
- Mailing Address: 7475 E. Yellowstone Trail City: Coeur d'Alene
State: ID Zip: 83814 Email: Susan.2kmountainranch@gmail.com
- Source of Water: Ground (Well) If GROUND WATER (well), Date Drilled: mo. 06 / yr. 2008
Well Driller: Tim Volking Drilling Permit Number: 851622
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): Future - 1 / Currently 1 Bathroom in Shop Stockwater (No. and type of stock): Ponds for Wildlife
Irrigation (No. of acres): 1 1/2 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.04 cfs OR 2.5 acre-feet.
- 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.

No

Completed? Yes ☐ No ☐

8. Fee Enclosed: \$ N/A 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: _____

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

Date: 10/19/2015

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