



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 21, 2015

BRYON GARRICK
1593 E SHINGLE MILL RD
SANDPOINT ID 83864

PROOF DEFICIENCY LETTER

RE: Permit No. 96-9433

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof form was not accompanied by the required \$50.00 license examination fee. The proof is not acceptable without the fee. A copy of the form is enclosed for your reference.

This permit authorizes a maximum diversion volume of 17.2 af (acre feet) requiring a license examination fee of \$50.00. Please submit the \$50.00 fee required. I will then be able to accept your proof form and move forward with processing proof.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Darla Block', written in a cursive style.

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

OCT 13 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.

1. Permit No.: 96-9433 Telephone No.: 208-920-10552. Name of Permit Holder(s): Byron & Mindy Garrick3. Mailing Address: 1593 East Shingle Mill Rd City: SandpointState: ID Zip: 83864 Email: bgarrick@sbcglobal.net4. Source of Water: Unnamed stream 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: Wildlife Storage6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 17.2 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?

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: \$ 50.00 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: Byron Garrick Telephone Number: 208-920-1055Mailing Address: 1593 East Shingle Mill Rd City: SandpointState: ID Zip: 83864 Email: bgarrick@sbcglobal.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: Byron Garrick Date: 10-5-15
(Include your title, if on behalf of company or organization)

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