



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

September 18, 2015

ROBERT WOODBURY
EDNA WOODBURY
12060 HWY 5
SAINT MARIES ID 83861

PROOF DEFICIENCY LETTER

RE: Permit No. 95-14435

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form you submitted for the above referenced permit.

I am returning the form to you because the application incomplete. Please address the following item on the form:

- Item no. 6 of the proof form is incomplete.

To provide you with information regarding the permitted rate of diversion enclosed is a copy of the permit for your reference. Please complete the form to provide the Department with information about your completed development.

Please resubmit the completed proof form as soon as possible in order for the Department to move forward with processing your proof. I will hold this matter for **15-days** from the date of this letter to wait for your response.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

AUG 06 2015

IDWR / NORTH

RECEIVED

AUG 10 2015

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.	N031431
Receipt By:	\$
Date Received:	8/6/15

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.: 95-14435 Telephone No.: 208-245-2700
2. Name of Permit Holder(s): ROBERT WOODBURY and EDNA WOODBURY
3. Mailing Address: 12060 Hwy. 5 City: ST. MARIES
State: ID Zip: 83861 Email: baharhabu@gmail.com
4. Source of Water: Spring 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): 1 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	☒
Yes	☐	No	☐

If yes, has the measuring device been installed?

Lockable Controlling Device: Is a lockable device required to control the diversion?

Yes	☐	No	☒
Yes	☐	No	☐

If yes, has the lockable device been installed?

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: EDNA WOODBURY Telephone Number: 208-245-2700Mailing Address: 12060 Hwy 5 City: ST. MARIESState: ID Zip: 83861 Email: baharhabu@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: Edna Woodbury Date: 8-4-2015
(Include your title, if on behalf of company or organization)

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