



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

August 07, 2015

STEPHEN M BROOKS
REGINA A BROOKS
6597 E PINE RD
COEUR D ALENE ID 83814

PROOF DEFICIENCY LETTER

RE: Permit No. 95-12469

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 information provided on your proof is not sufficient or 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 water uses and 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. I will hold this matter for **15-days** from the date of this letter to wait for your response.

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

Sincerely,

A handwritten signature in black ink that reads 'Darla Block'.

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

AUG 04 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 \$: 50.00Receipt No. C100837Receipt By: dhDate Received: 8-4-15

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.: 95-12469 Telephone No.: _____
 2. Name of Permit Holder(s): Stephen M. or Regina A. Brooks
 3. Mailing Address: 6597 E. PINE RD City: Coeur d'Alene
 State: ID Zip: 83814 Email: cdabrooks@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): _____ Stockwater (No. and type of stock): _____
 Irrigation (No. of acres): Y4 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?

If yes, has the measuring device been installed?

Yes ☐	No ☒
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: Steve Brooks Telephone Number: (208) 818-1023

Mailing Address: 6597 E. PINE RD City: Coeur d'Alene

State: ID Zip: 83814 Email: cdabrooks@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: Steve Brooks
 (Include your title, if on behalf of company or organization)

Date: 7-29-15

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