



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

June 16, 2015

JAMES A GARR
MARIE P GARR
16804 N TRAILS END RD
RATHDRUM ID 83858

PROOF DEFICIENCY LETTER

RE: Permit No. 95-10671

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 the application is not sufficient or incomplete. Please address the following items 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 the expedited field examination you requested. 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,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUN 02 2015

DEPT 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: C100533
Receipt By: MP
Date Received: 6-2-15

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.

- Permit No.: 95-10671 Telephone No.: 208-687-2721
- Name of Permit Holder(s): JAMES A GARR & MARIE PARKMAN-GARR
- Mailing Address: 16804 N. TRAILS END RD City: RATHDRUM
State: ID Zip: 83858 Email: PARKMAN@CN.FRONTIER.COM
- Source of Water: _____ If GROUND WATER (well), Date Drilled: mo. 3 / yr. 1972
Well Driller: COEUR D'ALENE DRILLING Drilling Permit Number: _____
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): HORSES (3)
Irrigation (No. of acres): 4 Other: _____
- Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR _____ 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?

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 ☒

- 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.

- Person to contact to accompany the Department representative during field examination of the water system.

Name: MARIE PARKMAN-GARR Telephone Number: 208-687-2721
Mailing Address: 16804 N. TRAILS END RD City: RATHDRUM
State: ID Zip: 83858 Email: PARKMAN@CN.FRONTIER.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: Marie Parkman-Garr Date: 5/29/15
(Include your title, if on behalf of company or organization)

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