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 25, 2014

JOHN SCHLOTFELDT
JANET SCHLOTFELDT
PO BOX 14519
TUMWATER WA 98511

PROOF DEFICIENCY LETTER

RE: Permit No. 96-9458

Dear Permit Holder(s):

During my review of your statement of completion ("proof") for this water right, I noticed you listed a maximum diversion rate of 0.03 cfs. This letter is to inform you that you will be limited to a lesser rate of diversion than the amount listed on your permit based on the $100.00 license examination fee you paid.

On June 25, 2014, I spoke with you over the phone and informed you of the limitation based on paying the lower fee. During our conversion today it is my understanding that you intend to file an additional $25.00 so that you would not be limited to a lower rate.

If it is your intent to cover the maximum diversion rate of 2.00 cfs from surface water as listed on your permit then the total license examination fee is $125.00, **and the amount still owed is $25.00.**

Enclosed is the original proof form you filed with the department. Please complete the proof form by including all the uses, and correcting the total diversion rate or cfs listed under item 6. After you have made any changes please return the proof to me in the enclosed self-addressed stamped envelope. Upon receipt of the revised proof form and additional license examination fee, the department will then be able to move forward with processing your proof statement.

I am enclosing a copy of your permit along with a license examination fee schedule for your reference. I will hold this matter for your response for fifteen (15) days from the date of this letter.

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

Sincerely,

Darla Block

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUL 22 2013

DEPARTMENT 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 $:	100.00
Receipt No.	C097520
Receipt By:	HP
Date Receipted:	7-22-13

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.: 96-9458 Telephone No.: 360 701 0495
2. Name of Permit Holder(s): JOHN SCHLOTFELDT JAN SCHLOTFELDT
3. Mailing Address: PO BOX 14519 City: TUMWATER
   State: WA Zip: 98511 Email: JOHND.SCHLOTFELDT@GMAIL.COM
4. Source of Water: Pond Oreille Lake **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): ~~1.8~~ approx Other: approx 1.8 acres
6. Total rate of diversion or storage volume for which proof is submitted: < 0.03 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 ☑
   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.

   _____ Completed? Yes ☐ No ☒
8. Fee Enclosed: $100.00 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: JOHN SCHLOTFELDT Telephone Number: 360 701 0495
   Mailing Address: PO BOX 14519 City: TUMWATER, WA 98511
   State: W Zip: 98511 Email: JOHND.SCHLOTFELDT@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: _____ Date: July 14, 2013
(Include your title, if on behalf of company or organization)

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

Form No. 217 11/09