



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

March 14, 2013

SEIGLE FOSTER JR ESTATE
14006 E CATALDO
SPOKANE VALLEY WA 99216

PROOF DEFICIENCY LETTER

RE: Permit No. 95-16410

The Department has received a Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department is unable to process the proof filed in the name of Sandra L. Cuzzetto. The owner of record for this permit is currently Seigle Foster Jr. Estate with the same address and phone number as Sandra L. Cuzzetto.

I am returning the original proof statement to you, and ask that you revise the form to reflect the correct permit holder name. Enclosed is a copy of this permit for your reference. Please return the revised proof form to me within 15-days from the date of this letter. I will be able to move forward with processing your proof upon receipt of a proof statement showing the correct permit holder name.

If you have any questions, please feel free to contact me at 208-287-4945.

Sincerely,

A handwritten signature in black ink that reads "Darla Block". The signature is fluid and cursive, with the first name "Darla" and the last name "Block" clearly distinguishable.

Darla Block
Technical Records Specialist

Enclosure

MAR 04 2013

IDWR / NORTH

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. N029667
 Receipt By: db
 Date Received: 3/4/13

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.: 95-16410 Telephone No.: 509-934-9641
2. Name of Permit Holder(s): Sandra L. Cuzzetto
3. Mailing Address: 14006 E. Cataldo City: Spokane
State: WA Zip: 99216 Email: otter-bee@comcast.net
4. Source of Water: Cda 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): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 1/2 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.04 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?

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.

1/4 screening

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: Jenny Karstetter Telephone Number: 509-363-5514

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

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:

Sandra L. Cuzzato
(Include your title, if on behalf of company or organization)

Date:

SC
3/4/2014

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