



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

December 6, 2012

DONALD K RUDE
BETTY L RUDE
43486 OGDEN PL
STERLING VA 20166

RE: Permit No. 92-10185

Dear Interested Party:

On December 03, 2012, the Department received a statement of completion for filing proof of beneficial use ("proof statement") signed by Betty Rude, and a \$50.00 license examination fee for the above referenced permit.

Also on December 03, 2012, the Department received a separate proof statement signed by the permit holder(s) of record and a \$50.00 license examination fee for the above referenced permit.

The Department can only accept a proof statement signed by the permit holder(s) of record therefore, I am returning the proof statement you submitted, and the license examination fee you paid at the time of filing proof will be refunded to you. You should receive a State of Idaho check in the amount of \$50.00 in about 10 business days under separate cover.

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

Sincerely,


Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

DEC 03 2012

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 \$:	50.00
Receipt No.	0096268
Receipt By:	RP
Date Received	12-3-12

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.: 92-10185 Telephone No.: 703-661-0722 / 703-661-8590
 - Name of Permit Holder(s): Daniel & Angie Rude
 - Mailing Address: 43486 Ogden Place City: Stirling
State: VA Zip: 20166 Email: drude@INSPIRATIONplumbing.com
 - Source of Water: RIVER (ST. JOE) If GROUND WATER (well), Date Drilled: mo. ____ / yr. ____
Well Driller: N.A. Drilling Permit Number: N.A.
 - 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): 0.05 Other: ____
 - Total rate of diversion or storage volume for which proof is submitted: 003 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? 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: \$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: Larry Rude Telephone Number: 208-245-4891
Mailing Address: 1178 Shepherd Rd City: ST. MARIES
State: ID Zip: 83861 Email: MALRUDE@NETSCAPE.NET

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: Daniel Rude by Betty Rude Date: 11-30-2012
(Include your title, if on behalf of company or organization)

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