



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 • Web Site: www.idwr.idaho.gov

C.L. "BUTCH" OTTER

Governor

GARY SPACKMAN

Director

July 13, 2012

BILL EICHELBERG
LORNA EICHELBERG
10100 RAILROAD GRADE RD
SAINT MARIES, ID 83861

PROOF DEFICIENCY LETTER

RE: Permit No. 91-7204

Dear Permit Holder(s):

I am returning the original Proof of Beneficial Use ("proof") form you filed with the department on July 09, 2012, as it does not appear to match the amounts and/or uses listed for the above mentioned water right permit. Enclosed is a blank statement of completion for submitting proof of beneficial use ("proof") form. Please fill out the blank form to reflect a rate equal to or less than the amount permitted for **irrigation use**, and return it to me in the enclosed self-addressed stamped envelope. Also enclosed is a copy of this permit for your reference.

The license examination fee was not paid at the time of filing the proof form. The license examination fee is based on the maximum rate of diversion that was developed, and is for the department to conduct a beneficial use field examination of the water system to verify its use. Your proof statement cannot be accepted without the exam fee.

This permit was issued with a maximum diversion rate of 0.07 cfs, from **surface water**. Based on your maximum diversion rate of 0.07 cfs, the filing fee is \$50.00. Please submit the license examination fee required. The department will be able to process your proof of beneficial use upon receipt of the new proof form and the appropriate exam fee.

I will hold this matter for your response for fifteen (15) days from the date of this letter. I have enclosed a copy of your permit, and the license examination fee schedule for your reference.

If you have any questions, 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

JUL 09 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 \$

Receipt No.:

Receipt By: _____

Date Received: _____

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.: 91-7204 Telephone No.: 208 245 67372. Name of Permit Holder(s): Bill & Lorne Eichelberg3. Mailing Address: 10100 Railroad Grade Rd City: St MariesState: ID Zip: 83861 Email: _____4. Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. 07 / yr. 1984Well Driller: Findley Well Drilling Drilling Permit Number: 91-84-N5

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 1 Stockwater (No. and type of stock): 0Irrigation (No. of acres): 0 Other: 06. Total rate of diversion or storage volume for which proof is submitted: 0.02 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: \$ 0 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: Bill Eichelberg Telephone Number: _____Mailing Address: 10100 Railroad Grade Rd City: St MariesState: ID Zip: 83861 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: [Signature]
(Include your title, if on behalf of company or organization)Date: 7/10/12

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