



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

July 3, 2012

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

EMERALD PARK WATER ASSN
1029 W SOMEDAY LN
COEUR D ALENE, ID 83814

PROOF DEFICIENCY LETTER

RE: Permit No. 95-14054

Dear Permit Holder:

The Department has received a Statement of Completion for submitting 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 Gaby Wilson. The owner of record for this permit is currently Emerald Park Water Assn with the address of 1029 W Someday Lane Coeur d'Alene ID 83814.

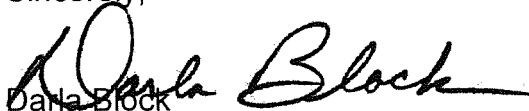
Also, the Department cannot accept the proof form you filed because of incomplete or missing information. Item nos. 4 and 7 of the proof form submitted are incomplete.

If it is your intent to change the owner and address of record with the Department for this permit, the Department must first receive a completed Assignment of Permit form along with a \$25.00 filing fee. An Assignment of Permit form is enclosed for your convenience. If it is not your intent to change the owner and address of record with the Department for this permit, please correct and initial the original proof form to reflect the correct permit holder name and address.

I am returning the original proof form to you and ask that you complete and revise the form to show the current owner of record. Please return it to me within 15-days from the date of this letter, and I will be able to move forward with processing your proof. Enclosed is a copy of this permit for your reference.

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

Sincerely,



Darla Block
Technical Records Specialist

Enclosure

RECEIVED

JUN 29 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 \$: 50.00Receipt No: C095640

Receipt By: _____

Date Received: 6/29/12

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.

1. Permit No.: 95-14054 Telephone No.: _____2. Name of Permit Holder(s): Gaby Wilson3. Mailing Address: 676 W. Someday Ln City: Coeur d'AleneState: ID Zip: 83814 Email: Gm.wilson@NIC.EDU4. Source of Water: _____ 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): 5 Stockwater (No. and type of stock): _____Irrigation (No. of acres): 6 Other: _____6. Total rate of diversion or storage volume for which proof is submitted: 0.15 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: \$ 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: Gaby Wilson Telephone Number: 208-664-7907Mailing Address: 676 W. Someday Lane City: COAState: ID Zip: 83814 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: G.W. Wilson
(Include your title, if on behalf of company or organization)Date: 6/25/2012

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