

Permit No. 95-13440

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Staff Analysis Field Report for Exempted Wells

1. X Copy of Permit
2. X Copy of proof of beneficial use
3. _____ Copies of amendments, orders with conditions
4. X Permit is for one owner
5. X Confirm one owner of the place of use
 - X Tax lot Research
 - X Telephone call
 - _____ Office visit
6. X Aerial photo of parcel for the water right file (copy of aerial required)
7. X Well driller's report
8. X Domestic use only
9. X 0.04 cfs or less on water permit
10. _____ Check if alternative source of water is available for domestic use
11. _____ Other information:

AUTHENTICATION

Examiner Name *Eric R...* Date 10-28-2011

Reviewer *A. Taylor* Date 11/1/2011

State of Idaho
Department of Water Resources
Permit to Appropriate Water

NO. 95-13440

Priority: September 13, 2010

Maximum Diversion Rate: 0.04 CFS

This is to certify, that WILFRED J HOFF
2741 S SUNNYBROOK LN
SPOKANE WA 99037

has applied for a permit to appropriate water from:

Source: GROUND WATER

and a permit is APPROVED for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
DOMESTIC	01/01 to 12/31	0.04 CFS

LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER L4 (SW1/4NE1/4) Sec. 4, Twp 47N, Rge 04W, B.M. KOOTENAI County

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
47N 04W 4			X														
			L4														

CONDITIONS OF APPROVAL

1. Proof of application of water to beneficial use shall be submitted on or before **December 01, 2011**.
2. Subject to all prior water rights.
3. Domestic use is for 1 home.
4. The irrigation occurring under this domestic use shall not exceed 1/2 acre.
5. This right does not grant any right-of-way or easement across the land of another.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code. Witness the signature of the Director, affixed at Coeur d'Alene, this 14th day of December, 2010.


GARY SPACKMAN, Interim Director

RECEIVED

OCT 24 2011

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 \$: _____
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.: 95-13440 Telephone No.: 208-689-9428

2. Name of Permit Holder(s): Wilfred J. Hoff

3. Mailing Address: 25254 S. Cottonwood Bay Ln City: Workley
State: Id Zip: 83876 Email: WHOFF20141@AOL.COM

4. Source of Water: Well If GROUND WATER (well), Date Drilled: mo. 10/10 / yr. 2009
Well Driller: ALL Ways Drilling Inc Drilling Permit Number: DO057209

5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): 0
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 ☒

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: \$ _____ 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: Wilfred J. Hoff Telephone Number: _____

Mailing Address: 25254 S. Cottonwood Bay Ln City: Workley

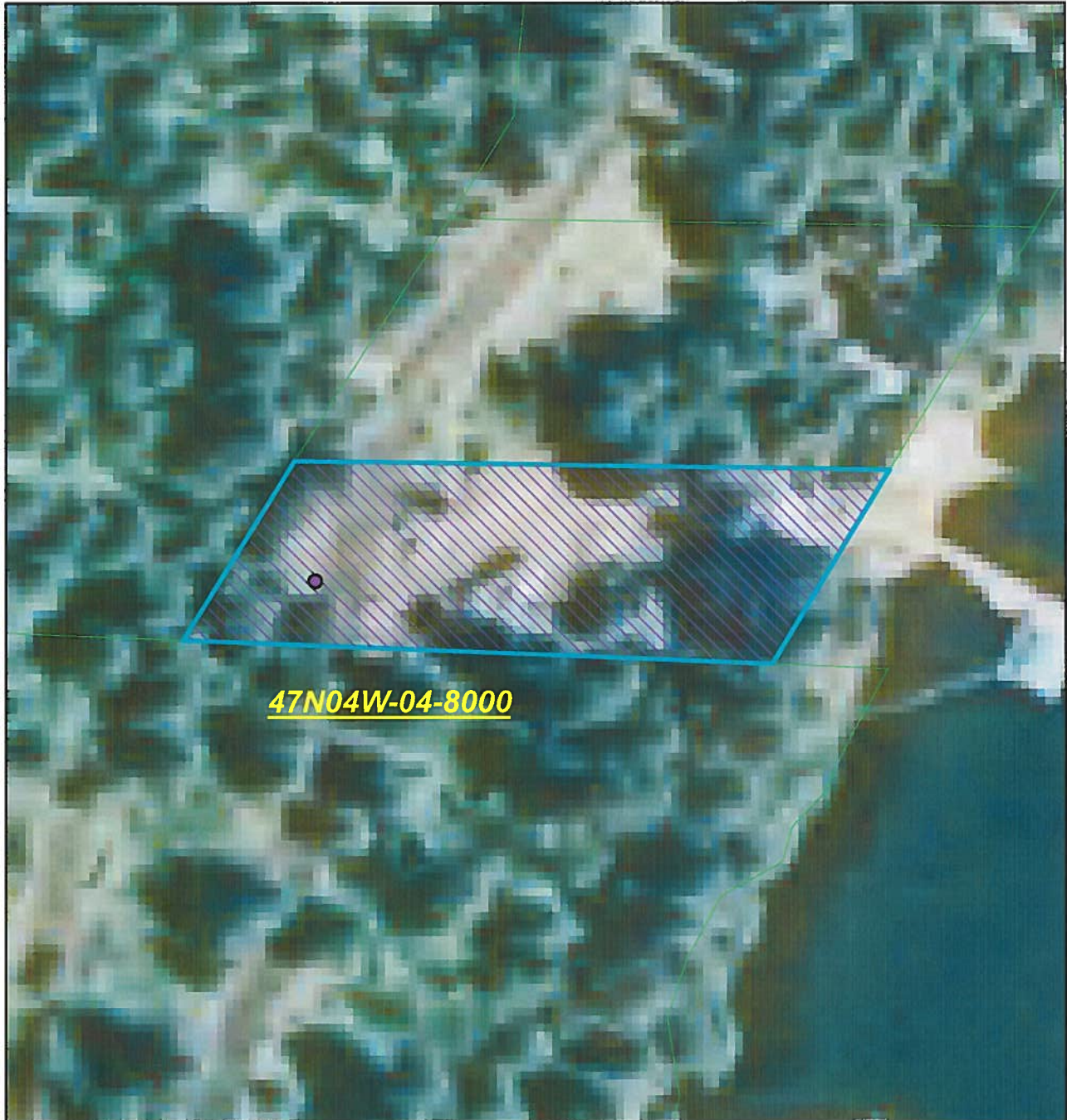
State: Id Zip: 83876 Email: WHOFF20141@AOL.COM

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: Wilfred J. Hoff Date: 10/18/2011
(Include your title, if on behalf of company or organization)

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

95-13440



Legend

- Water Permit POD
-  Water Permit POU
-  Taxlots

1 inch = 66 feet

