



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

June 30, 2011

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

ROBERT KUNTZ
BARBARA KUNTZ
220 W RANIER WAY
SPOKANE WA 99208

NOTICE: STATEMENT OF COMPLETION DUE

RE: PERMIT NO. 95-12780

IMPORTANT: A response from you is required to maintain the active status of the referenced water right permit. If no response is received from you, the permit will lapse and your authorization to develop and/or use this water right will be cancelled.

Dear Permit Holder:

One of the conditions of approval of the above referenced water permit was that proof of the extent of your beneficial use must be submitted to this office on or before September 01, 2011. Please complete and return the enclosed Statement of Completion for Submitting Proof of Beneficial Use (proof) if you have completed the water project authorized by your permit. The proof statement must be accompanied by either the appropriate license examination fee or a field examination report prepared by a certified water right examiner.

If you have not fully completed your project, and you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. If you have been delayed by a federal agency or by litigation that brings title to the water in question, an extension of time may be granted if appropriate documentation is provided at the time of filing. An extension request must be accompanied by a \$50.00 filing fee and signed by the appropriate authorized permit holder(s) or authorized representative with a power of attorney.

Either an acceptable proof or an acceptable extension request must be received by this department on or before the above proof due date. If neither is received, the department will send you a lapse notice and the permit will no longer be of any force nor effect.

Sincerely,

Emalee Rushing
Office Services Supervisor

Enclosures

CERTIFIED MAIL

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NO. _____