

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
322 East Front Street, P.O. Box 83720
Boise, Idaho 83720-0098

Return Service Requested

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AUG 26 2010

DEPARTMENT OF
WATER RESOURCES

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FIRST CLASS



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837200098





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

August 19, 2010

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

PATRICK D SNOW
JEFFERY M SNOW
901 CAMBRIDGE CT
APPLETON WI 54915

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 95-12302

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made meets the permitted beneficial use. Department staff will contact you to schedule the examination.

Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office or from the department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Northern Regional Office in Coeur d'Alene at 208-762-2800.

Sincerely,

A handwritten signature in cursive script that reads "Emalee Rushing".

Emalee Rushing
Office Services Supervisor

Enclosure

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AUG 06 2010

AUG 09 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$:	50.00
Receipt No.:	N025371
Receipt By:	80
Date Received:	8/6/10

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.: 95-12302 Telephone No.: (920) 277 8284
2. Name of Permit Holder(s): Patrick D Snow and/or Jeffery M Snow
3. Mailing Address: 901 Cambridge Ct City: Appleton
State: WI Zip: 54915 Email: p.snow@new.rr.com
4. Source of Water: Lake Coeur d'Alene If GROUND WATER (well), Date Drilled: mo. NA / yr. NA
Well Driller: NA Drilling Permit Number: NA

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

Domestic (No. of households): 1 Stockwater (No. and type of stock): NA
Irrigation (No. of acres): 1/2 Other: NA

6. Total rate of diversion or storage volume for which proof is submitted: 0.04 cfs OR NA 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?

If yes, has the measuring device been installed?

Yes ☐	No ☒
Yes ☐	No ☒

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐	No ☒
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.

NA

Completed?

Yes ☐	No ☐
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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: Patrick D. Snow Telephone Number: (920) 277 8284
Mailing Address: 901 Cambridge Ct City: Appleton
State: WI Zip: 54915 Email: p.snow@new.rr.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:

Patrick D Snow

(Include your title, if on behalf of company or organization)

Date: 8-3-10

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

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AUG 12 2010

Idaho Department of Water Resources Receipt

DEPARTMENT OF
WATER RESOURCES

Receipt ID: N025371

Payment Amount \$50.00 Date Received 8/6/2010 12:54 PM Region NORTHERN
Payment Type Check Check Number 1878
Payer SNOW, PATRICK D
Comments BU STATEMENT OF COMPLETION 95-12302

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	BENEFICIAL USE	65104	0229	21		1155



Signature Line (Department Representative)