



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 20, 2010

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

LYLE KRISLOCK
EVITA KRISLOCK
14711 EAST 15TH AVE
SPOKANE VALLEY, WA 99037

PROOF DEFICIENCY LETTER

RE: Permit No. 95-11229

Dear Permit Holder(s):

Enclosed is a copy of the Proof of Beneficial Use ("proof") form you filed with the department on June 02, 2010. This letter is to inform you that 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.

The permit was issued with a maximum diversion of 0.04 cfs, from **surface water**. Based on your maximum diversion rate of 0.04 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 appropriate exam fee.

I will hold this matter for your response for fifteen (15) days from the date of this letter. I have enclosed the instructions for filing proof and the filing fee schedule.

If you have any questions, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosure

RECEIVED

FEB 08 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$ 509
Receipt No. 10
Receipt By: [Signature]
Date Received: 2/1/10

DEPARTMENT OF
WATER RESOURCES

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. 95-11229 Telephone No. 509-922-0180

2. Name of Permit Holder(s): LYLE AND EVITA KRISLOCK

3. Mailing Address: 14711 - E. 15th AVE City VERADALE
State WA Zip 99037 Email: evita@krislock.com / Lyle@krislock.com

4. Source of Water: Spirit Lake 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): 1 Stockwater (No. and type of stock):

Irrigation (No. of acres): Other:

6. Total rate of diversion or storage volume for which proof is submitted: .04 cfs OR acre-feet.

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: *(Refer to the approval conditions on your permit and respond accordingly.)*

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?

Yes ☐	or No ☒
Yes ☐	or No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

<u> </u>	Completed?	Yes ☐	or No ☐
<u> </u>	Completed?	Yes ☐	or 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: LYLE KRISLOCK Telephone Number: 509-922-0180 / 509-998-0298

Mailing Address: 14711 - E. 15th AVE City VERADALE

State WA Zip 99037 Email: Lyle@krislock.com

10. **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: Evita Krislock x [Signature] Date: February 1, 2010
(include your title, if on behalf of company or organization)