



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 30, 2010

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

GERTRUDE I MAXWELL
PO BOX 1016
SALMON ID 83467

RE: Permit Nos. 75-14461 & 75-14462

Dear Permit Holder:

I am returning both Proof of Beneficial Use ("proof") forms you filed with the Department on January 05, 2010 for the above mentioned water right permits. While reviewing your proof statements, I noted that it was Bill Maxwell that signed and dated both proof forms. You are the only owner listed on the permits, therefore it must be your signature on the proof statements. The Department is unable to process your proof statements without your signature. Please sign and return both forms in the enclosed self addressed stamped envelope

If documentation can be provided to the Department showing that Bill Maxwell has legal authority to sign documents on your behalf, such as a power of attorney, then the Department will consider both proof forms acceptable. If this is the case, please return both proof statements as is along with the requested documentation.

If you are no longer the owner of the property, you must file an Assignment of Permit to change ownership of these permits. Enclosed is an Assignment of Permit form. The fee for filing an Assignment of Permit is \$25.00. If this is not the case, please disregard this form.

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

Sincerely,

A handwritten signature in black ink that reads "Darla Block". The signature is fluid and cursive, with the first name "Darla" and last name "Block" clearly distinguishable.

Darla Block
Technical Records Specialist

Enclosures

RECEIVED

DEC 24 2009

Department of Water Resources
Eastern Region

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

RECEIVED

JAN 11 2010

FOR OFFICE USE ONLY

Amt. of Fee \$: 56-
Receipt No. 2035528
Receipt By: SL
Date Received: 1/5/10

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner. If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 75-14462 Telephone No. 208-756-3479
2. Name of Permit Holder(s): Gertrude Maxwell
3. Mailing Address: P.O. Box 1016 City Salmon
State ID Zip 83467 Email: —
4. Source of Water: Tendoy Springs 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): NA Stockwater (No. and type of stock): —
Irrigation (No. of acres): 5 Other: —
6. Total rate of diversion or storage volume for which proof is submitted: 10 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.)

Completed?

Yes ☐ or No ☒

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.) paid \$100 on 4/27/07

9. Person to contact to accompany the Department representative during field examination of the water system: Home 208-256-2616
Name: Bill Maxwell Telephone Number: Cell-940-0507
Mailing Address: P.O. Box 256 City Carmen
State ID Zip 83462 Email: after April - jmaxwell1@Centurytel.net
Shirley April - judymaxwell6@aol.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: Bill Maxwell representing Gertrude Maxwell Date: 12/20/09
(include your title, if on behalf of company or organization)