



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

September 30, 2009

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

RICHARD D MICHAEL
LORIS J MICHAEL
111 KNOLLWOOD DR
SANDPOINT, ID 83864

RE: PERMIT NO. 96-9329

Dear Permit Holder:

During my review of your statement of completion ("proof") for this water right, I noticed that the proof form you submitted is incomplete. More specifically, part 6 of this form has not been filled out. I also noticed that the license examination fee was not paid at the time of filing proof. 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 license exam fee. The permit was issued with a maximum diversion rate of .02 cfs, from surface water. Based on your maximum diversion rate the exam fee due is \$50.00.

Enclosed is the original Statement of Completion ("proof") form you filed. I am returning it to you and request that you fill out part 6 of the form to reflect what was permitted. Upon receipt of a completed proof statement and license examination fee I will acknowledge its receipt. The corrected proof statement and exam fee must be received in our office on or before the proof due deadline of November 01, 2009.

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 license examination fee schedule.

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

Sincerely,

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosure(s)

RECEIVED
SEP 08 2009

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

WA

FOR OFFICE USE ONLY

Amt. of Fee \$: 0
Receipt No. 587
Receipt By: SRP
Date Received: _____

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. 96-9329 Telephone No. 208-265-7298
2. Name of Permit Holder(s): RICHARD D & LOUIS J. MICHAEL
3. Mailing Address: 111 KNOXWOOD DR. City SANDPOINT
State ID Zip 83864 Email: L MICHAEL @ SANDPOINT.NET
4. Source of Water LAKE PENDORELLE 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): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 1 1/2 ACRE YACD Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: _____ 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?

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.

_____ Completed? Yes ☐ No ☒

8. Fee Enclosed: \$ 0 **FEE HAS BEEN PAID** 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: RICHARD MICHAEL Telephone Number: 208-265-7298

Mailing Address: 111 KNOXWOOD DR. City SANDPOINT

State ID Zip 83864 Email: L MICHAEL @ SANDPOINT.NET

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: Richard D Michael Date: 9-5-09
(include your title, if on behalf of company or organization)