



## 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 [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

August 19, 2009

GARY SPACKMAN  
Interim Director

MICHAEL T ROSS  
1234 FLUME CREEK RD  
SANDPOINT ID 83864

**RE: PERMIT NO. 96-9291**

Dear Permit Holder:

The department has received your Statement of Completion for Proof of Beneficial Use ("proof") for the above referenced permit. Upon receipt of your proof statement for this water right, I noticed the proof form you submitted is incomplete. More specifically, parts 6 and 7 of this form have not been filled out. Once you have listed the total rate of diversion for which proof is being submitted, your proof of beneficial use form can be processed with the Department. Submittal of your proof statement was received timely along with the license exam fee before the proof due deadline of August 01, 2009.

Enclosed is the original Statement of Completion ("proof") form you filed with us on July 27, 2009. I am returning it to you and request that you fill out parts 6 and 7 of the form. I am also enclosing a copy of the permit to assist you in completing the proof form. After you have completed the form, please return it to me in the enclosed self-addressed, stamped envelope.

If you have any questions regarding this letter, my phone number is (208)287-4945.

Sincerely,

A handwritten signature in cursive script that reads "Darla Block".

Darla Block  
Technical Records Specialist  
Water Allocation Bureau

Enclosures

1/09

RECEIVED

JUL 27 2009

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

FOR OFFICE USE ONLY

Amt. of Fee \$: 50

Receipt No. C089059

Receipt By: SBA

Date Received: 7-27-2009

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](http://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. 96-9291 Telephone No. \_\_\_\_\_2. Name of Permit Holder(s): MICHAEL ROSS3. Mailing Address: 1234 FLUME CREEK RD City SANDPOINT  
State ID Zip 83864 Email: \_\_\_\_\_4. Source of Water: SURFACE 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): - 0 -Irrigation (No. of acres): - 0 - 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 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 completed/installed.****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: \$ 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: DEAN GIBSON Telephone Number: 208 265 8213Mailing Address: 885 ROLLING THUNDER RD City SANDPOINTState ID Zip 83864 Email: \_\_\_\_\_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: Michael Ross Date: 20 JULY 09  
(include your title, if on behalf of company or organization)