



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

June 24, 2009

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

EUGENE FLAMAND
NANCY FLAMAND
5002 INDUSTRIAL WAY
COEUR D ALENE ID 83815

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 91-7185

Dear Permit Holder:

The department acknowledges receipt of the Statement of Completion for submitting proof of beneficial ("proof statement") submitted for the above referenced permit. However, a \$50.00 license examination fee is required based on the permit's rate of diversion and water source. I will hold the proof statement for 15-days from the date of this letter to allow you time to pay the fee.

I am enclosing a copy of the proof statement to include with your check when you mail it to the Department. This will assist us in crediting the correct permit and account. If you have any questions, please contact me at (208) 287-4945.

Sincerely,

Darla Block, Technical Records Specialist
Water Allocation Bureau

Encl.

RECEIVED

JUN 17 2009

IDWR/North

COPY

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESSTATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

RECEIVED

JUN 22 2009

FOR OFFICE USE ONLY

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

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.

- Permit No. 91-01185 Telephone No. 208-659-3319
- Name of Permit Holder(s): EUGENE & NANCY FLAMAND
- Mailing Address: 5002 INDUSTRIAL WAY #2 City CAA
State ID Zip 83815 Email: dustyf60@msn.com
- Source of Water: St. Joe River If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
- 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: _____
- Total rate of diversion or storage volume for which proof is submitted: 2 cfs OR _____ acre-feet.
- 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 ☐

- Fee Enclosed: NO - PASS IN FEE (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

- Person to contact to accompany the Department representative during field examination of the water system.

Name: SEE ABOVE - EUGENE Telephone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ 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: Eugene Flamand
(include your title, if on behalf of company or organization)Date: 6-15-09