



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

December 31, 2008

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

JOSEPH E OSWALD
BRYCE WILLS
SABRINA WILLS
1699 CAMP BAY RD
SAGLE ID 83860

RE: Water Right Permit No. 96-9357

Dear Mr. Oswald:

The Department has received the Statement of Completion for proof of beneficial use ("proof") you filed for the referenced water right. However, the Department cannot accept the form you filed because of incomplete or missing information. I am returning the original form to you and ask that you complete the form and return it to me in the enclosed self addressed, stamped envelope.

To provide you with information regarding the permitted water uses and rate of diversion enclosed a copy of the referenced permit. Please complete the form to provide the Department with information about your completed development. Specifically regarding question no. 6 on the proof form. The maximum diversion rate is 0.04 cfs. You have stated that you are storing 0.10 acre feet. For ease of completing the form you may want to determine the rate of diversion and limit it to 0.04 cfs. To provide some assistance in converting gallons per minute to cubic feet per second, I am enclosing a conversion table for your use.

Additionally, your permit granted you irrigation of 1.0 acre. If this has been completed please put that information on the form in question no. 5. If you have not completed the development of the irrigation component for this permit and wish to, a Request for Extension of Time would be appropriate. Filing this form with the appropriate fee, if necessary, prompts the Department to schedule an examination of your water system and use. Enclosed is another packet of forms, if you wish to complete the extension request and substitute it for the proof statement you filed.

Secondly, with a diversion rate of 0.04 cfs or less, no filing fee is required from a ground water source. Upon receipt of a revised proof statement I will refund your filing fee.

I will hold this matter for **15-days** from the date of this letter to wait for your response. If there is no response, I will lapse the permit and refund the filing fee you have paid.

Please contact me at (208) 287-4942, if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson".

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures (5)

RECEIVED

OCT 06 2008

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

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00Receipt No. 0087002Receipt By: CRDate Received: 10/6/08

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. 96-9357 Telephone No. 208-265-49632. Name of Permit Holder(s): Joseph E Oswald3. Mailing Address: 1699 CAMP BAY RD City SAGE
State ID Zip 83860 Email: _____4. Source of Water: Well If GROUND WATER (well), Date Drilled: mo. 8 / yr. 07Well Driller: Smartwater Drilling Permit Number: D-53608

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 2 Stockwater (No. and type of stock): 0

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 0.10 acre-feet. ^P

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: \$ 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: Joseph E Oswald Telephone Number: 208-265-4963Mailing Address: 1699 CAMP BAY RD City SAGEState ID Zip 83860 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: Joseph E Oswald Date: 9-5-08
(include your title, if on behalf of company or organization)

COPY

Idaho Department of Water Resources Receipt

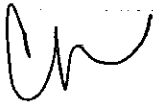
Receipt ID: C087604

Payment Amount	\$50.00	Date Received	10/6/08 2:51	Region	STATE
Payment Type	Check	Check Number	1266		
Payer	OSWALD JOSEPH E.				

Comments Statement of Completion: 96-9357

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$50.00	BENEFICIAL USE	0229	21	56104	1155



Signature Line (Department Representative)