

RECEIVED

DEC 03 2008

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY  
Amt. of Fee \$: 50.00  
Receipt No. N019705  
Receipt By: dp  
Date Received: 11/24/08DEPARTMENT 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](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. 95-9525 Telephone No. (208) 664-6680
2. Name of Permit Holder(s): Connie (Ponsness) Montanye
3. Mailing Address: 16894 S. Loff's Bay Rd City Coeur d'Alene  
State Idaho Zip 83814 Email: tcbayplay@gmail.com
4. Source of Water: Coeur d'Alene Lake 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 acre Other: \_\_\_\_\_
6. Total rate of diversion or storage volume for which proof is submitted: .03 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 <input type="checkbox"/> | or No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | or No <input type="checkbox"/>            |

**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.)

(Not required)

Completed?

Completed?

|                              |                                |
|------------------------------|--------------------------------|
| Yes <input type="checkbox"/> | or No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | or No <input type="checkbox"/> |

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: Connie Montanye Telephone Number: (208) 664-6680  
Mailing Address: 16894 S. Loff's Bay Rd City Coeur d'Alene  
State ID Zip 83814 Email: tc.bayplay@gmail.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: Connie Montanye Date: 11/20/08  
(include your title, if on behalf of company or organization)