



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

February 6, 2008

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

MAXINE DELBRIDGE
10561 SAGLE RD
SAGLE ID 83860

RE: Permit No. 96-9298

Dear Ms. Delbridge:

I spoke to Scott Brusaw today about the Proof of Beneficial Use ("proof") that was filed with the Department on February 4, 2008. The Department cannot accept the proof form as it was filed, because Scott signed the form on your behalf as the permit holder. I am returning the original proof form for your signature. Please sign the bottom of the form where it is appropriate, and return the original to me. I am enclosing a self-addressed, postage-paid, return envelope for your convenience and immediate response.

Your response is very important to maintain this permit in good standing. The proof was due February 1, 2008; therefore, I will hold this matter for 10-days from the date of this letter for your response. If I do not receive an acceptable proof within that time, the permit will lapse and will be of no force nor effect.

If you have any questions, please contact me at (208) 287-4942.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson". The signature is written in dark ink and is positioned above the printed name and title.

Deborah Gibson
Administrative Assistant I
Water Allocation Bureau

Enclosures

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

FEB 04 2008

DEPARTMENT OF
WATER RESOURCES

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 96-9298 Telephone No. 208 255 1254
2. Name of Permit Holder(s): Maxine Delbridge
3. Mailing Address: 10561 Sagle Road
City Sagle State ID Zip 83860
4. Source of Water: Fish pond? * If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: Fish pond?
6. Total rate of diversion and/or volume for which proof is submitted: _____ cfs OR < 1 acre-feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)
Measuring Device: Is a measuring device required? Yes _____ or No ✓
Has the measuring device been installed? Yes _____ or No ✓
8. Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Scott Brusaw Telephone Number: 208 255 1254
Address: 10561 Sagle Road Sagle, ID 83860
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. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.
- Signature of permit holder: [Signature] Resident Date: 1-30-08
(include your title, if on behalf of company or organization)

* Note: The ground water is so close to the surface, that I dug a hole and it filled with water. The surface area of the hole is less than 1000 ft². We only have it to enhance the beauty of our home. We hope to stock it with fish some day.