



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

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

August 21, 2007

DON SKINNER
270 RAPID LIGHTNING RD
SANDPOINT ID 83864

RE: Permit No. 96-9085 – Proof returned for signing

Dear Permit Holder:

Enclosed is the original Proof of Beneficial Use ("proof") form you submitted to the department regarding the above referenced water right. During my review of this form I found that the proof had not been signed.

Please sign the proof form and return it to the department, to my attention within **thirty-days (30)** from the date of this letter. Returning the proof form within the 30-day period will guarantee you the filing date for receipt of the proof and the permit will not be lapsed. Upon receipt I will process this document and send you an acknowledgement letter. I am providing a return envelope for your convenience.

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

Sincerely,

A handwritten signature in black ink that reads "Deborah J. Gibson". The signature is written in a cursive, flowing style.

Deborah Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure(s)

RECEIVED

AUG 20 2007

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 125.00
Receipt No. 6084785
Receipt By: AMP
Date Received: 8-20-07

PROOF OF BENEFICIAL USE

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. 96-9085 Telephone No. 208 263 3300

2. Name of Permit Holder(s): Don Skinner

3. Mailing Address: 270 Rapid Lightning Rd
City Sandpoint State Id Zip 83864

4. Source of Water: Un Named Tributary 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): 25-50 cow calf pairs

Irrigation (No. of acres): 150-180 Other: Wild life Storage for fire control

6. Total rate of diversion and/or volume for which proof is submitted: 2 cfs OR _____ 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 X or No _____

8. Fee Enclosed: \$ 125.00 (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: Don Skinner Telephone Number: 208 290 1488 cell

Address: Same as Above

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: _____ Date: _____
(include your title, if on behalf of company or organization)