



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov

July 11, 2006

JAMES E. RISCH
Governor

KARL J. DREHER
Director

DOUGLAS GROENHOUT
712 PONDER POINT DR
SANDPOINT ID 83864

RE: PERMIT NO. 96-9236

Dear Permit Holder:

Enclosed is the original Proof of Beneficial Use form ("proof") you filed with the department on June 26, 2006. I am returning the proof to you because the department cannot accept it without the appropriate license exam fee, **or** a completed Beneficial Use Field Report from a certified water right examiner. The fee is specifically for a department examiner to prepare a Beneficial Use Field Report for the issuance of a water right license, which is the final step for obtaining a water right. Your permit is for a surface water source with a diversion rate of 0.03 cfs, which the correct license examination fee would be \$50.00. For your information, please see the fee schedule attached to the proof's instructions.

Please return the enclosed proof form to me with the appropriate filing fee on or before **August 1, 2006** to avoid lapsing of this permit. If you have any questions regarding filing the proof, please contact me at (208) 287-4942, or the regional office in Coeur d'Alene at (208) 769-1450.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

NO ✓

FOR OFFICE USE ONLY

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 26 2003

DEPARTMENT OF
WATER RESOURCES

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. 96-9236 Telephone No. (208) 265-2481

2. Name of Permit Holder(s): Douglas Groentout

3. Mailing Address: 712 Ponder Point Dr.

City Sandpoint State ID Zip 83864

4. Source of Water: Lake Pend Oreille ☒ **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): 1 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 1 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .03 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?
Has the measuring device been installed?

Yes _____ or No X
Yes _____ or No _____

8. Fee Enclosed: \$ paid (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: Douglas Groentout Telephone Number: (208) 265-2481

Address: 712 Ponder Pt. Dr.

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: Douglas Groentout Date: 6/24/06
(include your title, if on behalf of company or organization)