



Milton A. (Lock) Slavin

ATTORNEY AT LAW
116 NORTH CENTER STREET
SALMON, IDAHO 83467

(208) 756-2030

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AUG 06 2004

DEPARTMENT OF
WATER RESOURCES

August 4, 2004

Gary Spackman
Idaho Department of Water Resources
1301 North Orchard
Boise, Idaho 83706

RE: *Williams Recreational Water & Sewer District
Water Right Permit Nos. 75-07589 and 75-07590*

Dear Mr. Spackman:

This office represents the Williams Lake Recreational Water and Sewer District.

This letter is to request a modification in designation from the domestic water rights to municipal use water rights with regard to the above referenced water right permits to happen during the proof of beneficial use field exams and final licensing process.

A copy of the Proof of Beneficial Use Forms sent to the Department of Water Resources in January 1998 is hereby attached, for your convenience.

If you should have any questions, please feel to contact our office at your earliest convenience.

Sincerely,

Milton A. Slavin
MILTON A. SLAVIN

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Enclosures: cited
cc: Roxanne Brown

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JAN 23 1998

Department of Water Resources

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 100.00

Receipt No. 8741254

Receipt By: GUR

Date Received: 1-23-98

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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 who has been appointed by the department.

M. H. Slouin (208) 756-2030
(Accountant) Salmon Business Service

Telephone No. (208) 756-4845

1. Permit No. 75-07590

2. Name(s) of Permit Holder(s): Williams Lake Recreational water & Sewer District

3. Mailing Address: Box 82, Salmon, ID 83467

4. Source of Water: Spring If GROUNDWATER (well), Date Drilled: mo. / yr.

a. Well Driller:

b. OPTIONAL:

Drilling Permit Number: Pump Horsepower: Pressure (psi): Dynamic pumping level (ft):

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 64 don. Stockwater (No. and type of stock):

Irrigation (No. of acres): 200 Other: + Williams Lake Resort

6. Total rate of diversion and/or volume for which proof is submitted: 0.50 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?

Flow Measurement Port: Is a flow measurement port required?

Has the measurement port been installed?

Yes or No ☒Yes or No ☒Yes or No ☒Yes or No ☒

8. Fee Enclosed: \$ 100.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)

Please waive condition

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Harold G Sisco

Telephone Number: 756-4845

Address:

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Harold G Sisco, chairman
(include your title, if on behalf of company of organization)

Date: 1-22-1998

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JAN 23 1998

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

Department of Water Resources

AUG 26 2000

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 who has been appointed by the department.

M.A. Sloan (208) 756-2030

(Accountant) Salmon Business Service

1. Permit No. 75-07589 Telephone No. (208) 756-48452. Name(s) of Permit Holder(s): Williams Lake Recreational Water & Sewer District3. Mailing Address: Box 82, Salmon, ID 834674. Source of Water: Spring If **GROUNDWATER** (well), Date Drilled: mo. ____ / yr. ____

a. Well Driller: _____ Drilling Permit Number: ____ - ____ - ____ - ____

b. **OPTIONAL:**
Pump Horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 64 dan Stockwater (No. and type of stock): _____Irrigation (No. of acres): 1 Other: Williams Lake Resort6. Total rate of diversion and/or volume for which proof is submitted: 0.50 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 ____ or No ____

Flow Measurement Port: Is a flow measurement port required?Yes ☒ or No ____

Has the measurement port been installed?

Yes ____ or No ☒8. Fee Enclosed: \$ 100.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use) *Please waive condition*

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Harold G Sisco Telephone Number: 756-4845

Address: _____

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Harcia G Sisco, Chairman Date: 1-22-1998
(include your title, if on behalf of company or organization)