



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

January 13, 2026

GRANITE TRACTS ASSN INC
67 WILD HORSE TRL
SANDPOINT ID 83864-8701

RE: Permit No. 95-18371

Dear Permit Holders:

On January 12, 2026, the Idaho Department of Water Resources (Department) received your Statement of Completion (proof) form regarding licensed water right 95-18371.

The proof of beneficial use was received on June 28, 2023, and the licensed was issued on April 09, 2025.

The Department is returning your proof form as unprocessed. A refund of \$50 has been requested and will be mailed to you under separate cover from the Idaho State Controller's Office.

If you have any questions, please contact me at (208) 287-4945. Thank you.

Sincerely,

Julie Adams

Julie Adams
Technical Records Specialist I

Enclosures: Statement of Completion form, copy of water right license, and Receipt

RECEIVED

JAN 12 2003

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**COPY**
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00Receipt No. C124635Received By KWDate Received 1-12-2006

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, contact any Department office or visit the Department's website at 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. 95-18371 Telephone No. 208-265-42702. Name of Permit Holder(s) Granite Tracts Association Inc.3. Mailing Address 67 Wild Horse Lane City SandpointState ID Zip 83864 Email wsmibob@aol.com4. Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. 01 / yr. 20Well Driller Horsley Drilling Inc. Drilling Permit Number 8927255. Extent of use(s) completed **as authorized by the water right permit:**Domestic (No. of households) 7 Stockwater (No. and type of stock) _____

Irrigation (No. of acres) _____ Other _____

6. Total rate of diversion or storage volume for which proof is submitted 0.12 cfs OR _____ acre-feet.7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.**The Department will not issue a license if permit conditions are not met.**

Measuring Device

Is a measuring device required?

Yes ☐ No ☒

If yes, has the measuring device been installed?

Yes ☐ No ☐

Lockable Controlling Device

Is a lockable device required to control the diversion?

Yes ☐ No ☒

If yes, has the lockable device been installed?

Yes ☐ No ☐

Fish Screen

Is a fish screen required?

Yes ☐ No ☒

If yes, has the fish screen been installed?

Yes ☐ No ☐**Other Conditions of Permit**

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☐8. Fee Enclosed \$ 50 or not applicable ☐. See fee schedule on page 2 of the instructions.

Proof statements 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 Bob Hansen Telephone Number 208-265-4270Mailing Address 67 Wild Horse Lane City SandpointState ID Zip 83864 Email wsmibob@aol.com

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

Robert Hansen

(Include your title, if on behalf of company or organization)

Date

12/30/25

Julianna Adams

From: Julianna Adams
Sent: Monday, January 12, 2026 3:58 PM
To: IdwrPayable
Cc: Julianna Adams
Subject: Refund for C124635 - 95-18371
Attachments: C124635.docx

Hello

Can you please process refund for the attached receipt C124635? The Statement of Completion has been returned.

Thank you,



IDAHO DEPARTMENT OF
WATER RESOURCES

Julie Adams | Technical Records Specialist I

322 E Front St, PO Box 83720, Boise, ID 83720

(208) 287-4945 | www.idwr.idaho.gov

Idaho Department of Water Resources Receipt

Receipt ID: C124635

Payment Amount	\$50.00	Date Received	1/12/2026	Region	STATE
Payment Type	Check	Check Number	1340		
Payer	WATER SYSTEMS MANAGEMENT INC.				
Comments	STATEMENT OF COMPLETION FOR SUBMITTING PROOF OF BENEFICIAL USE PERMIT # 95-18371 FOR: GRANITE TRACTS ASSOCIATION INC.				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	BENEFICIAL USE	56104	0229	21		1155

Signature Line (Department Representative)

Please refund the entire amount. The Statement of Completion was returned.

WATER SYSTEMS MANAGEMENT INC
67 WILD HORSE TRL
SANDPOINT ID 83864-8701