



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 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

May 19, 2021

CAROL HULME
THOMAS L HULME
9243 N HANLEY PL
EAGLE ID 83616-1403

PROOF DEFICIENCY LETTER

RE: Permit No. 63-34906

Dear Permit Holders:

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof is not acceptable without the correct fee.

This permit authorizes a diversion rate of 0.12 cfs (cubic feet per second) requiring a license examination fee of \$50.00. Also, the proof indicates a drilling permit number in the area designated for the water permit number (number 1 on the form). It appears this proof is for water permit 63-34906, I am returning the proof for this correction.

Please submit the required fees at your earliest convenience before the proof due date of **July 01, 2021** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4970 or debby.judd@idwr.idaho.gov.

Sincerely,

Debby Judd
Technical Records Specialist

Enclosure

RECEIVED

MAY 17 2021

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

FOR OFFICE USE ONLY

Amt. of Fee \$ _____

Receipt No. _____

Received By _____

Date Received 5-17-21

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. 889958 Telephone No. 208-484-6133
2. Name of Permit Holder(s) Tom Hulme
3. Mailing Address 9243 N. Hanley Pl. City Eagle
State Id Zip 83616 Email tom@hulmeinsurance.com
4. Source of Water Well If **GROUND WATER** (well), Date Drilled mo. June / yr. 2019
Well Driller Jeff Ransom Drilling Permit Number 889958
5. Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) 1 Stockwater (No. and type of stock) Horses - 7 -
Irrigation (No. of acres) 02 Other _____

6. Total rate of diversion or storage volume for which proof is submitted .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 \$ _____ 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 Tom Hulme Telephone Number 208-484-6133
Mailing Address 9243 N. Hanley Pl. City Eagle
State Id Zip 83616 Email tom@hulmeinsurance.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 [Signature] Date 5/12/21
(Include your title, if on behalf of company or organization)