



BRAD LITTLE
Governor

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

GARY SPACKMAN
Director

October 16, 2020

STEVEN L O CONNELL SR
154 PONDEROSA RD
SAGLE ID 83860-8007

PROOF DEFICIENCY LETTER

RE: Permit Nos. 96-9766 and 96-9767

Dear Permit Holder:

The Department received the proof of beneficial use (proof) form you submitted for the above referenced permits.

I am returning the form to you because information provided on the application is not sufficient or incomplete. Please address the following items on the form:

- Items 5 and 6 are incomplete. Please provide the extent of use completed as authorized by the water right permit and the total rate of diversion or storage volume for which proof is submitted for each permit. I have enclosed a copy of each permit and another proof form for your convenience. Please complete one form for each permit.

Please resubmit the completed form at your earliest convenience before the proof due date of **December 01, 2020** to avoid the possibility of your permits lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4920.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures

RECEIVED

OCT 13 2020
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 \$	100
Receipt No.	C109359
Received By	Km
Date Received	10.13.2020

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. 96-09766 / 96-9767 Telephone No. (208) 263-1872
 2. Name of Permit Holder(s) Steven O'Connell SR.
 3. Mailing Address 154 Ponderosa Rd City Sagle
 State Id Zip 83860 Email SOS1@Hughes.net
 4. Source of Water MIAH Creek If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
 Well Driller _____ Drilling Permit Number _____

5. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. of households) _____ Stockwater (No. and type of stock) _____
 Irrigation (No. of acres) _____ Other _____

6. Total rate of diversion or storage volume for which proof is submitted _____ 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the measuring device been installed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the lockable device been installed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Fish Screen	Is a fish screen required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the fish screen been installed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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 \$ 100 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 Steven O'Connell Telephone Number (208) 263-1872
 Mailing Address 154 Ponderosa City Sagle
 State Id Zip 83860 Email SOS1@Hughes.net

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 Steven O'Connell SR. Date 6 Oct. 20
 (Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098