



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

September 03, 2019

LAYNE THORNTON
LORI THORNTON
3224 SWAN FALLS RD
KUNA ID 83634

RE: Permit No. 63-33401

Dear Permit Holder(s):

The Department acknowledges receipt of your request received on September 02, 2019, to have your Proof of Beneficial Use (Proof) form withdrawn in order to gather 4 years of diversion measurement and aquifer level water monitoring data to be submitted in connection with filing the Proof form.

Your Proof form was returned with the Licensing Exam to SPF Water Engineering LLC as deficient on August 27, 2019. The Department considers your Proof form to be withdrawn. Your Proof of Beneficial Use proof due date will remain as February 1, 2024.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

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

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

c: SPF WATER ENGINEERING LLC
C/O SCOTT KING

RECEIVED

JUL 01 2019

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 _____

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. 63-33401 Telephone No. 208-631-6998
2. Name of Permit Holder(s) Layne and/or Lori Thornton
3. Mailing Address 3224 Swan Falls Rd City Kuna
State ID Zip 83634 Email _____
4. Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
Well Driller _____ Drilling Permit Number see BUFE
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) 106 Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.84 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.

Water level measurements, flow measurements, conduit pipe Completed? Yes ☒ No ☐

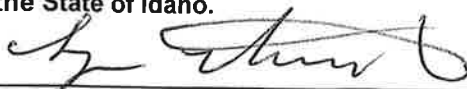
8. Fee Enclosed \$ n/a or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.

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

Name _____ Telephone Number _____
Mailing Address _____ City _____
State _____ Zip _____ Email _____

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



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

Date

June 21, 2019SCANNED
AUG 27 2019

Block, Darla

From: Layne Thornton <laynedt@aol.com>
Sent: Monday, September 02, 2019 11:01 AM
To: Block, Darla
Subject: Thornton Permit 63-33401

Darla,

In response to your Proof Deficiency letter dated 8-27-2019, I would like to withdraw Proof of Beneficial Use for permit 63-33401 that was submitted July 1, 2019 by SPF Water Engineering with the licensing field examination. It is my understanding the licensing exam has been returned to SPF.

Thank you,
Layne Thornton