



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

June 10, 2019

MARK COOMBS
SUSAN COOMBS
29863 FARMWAY RD
CALDWELL ID 83607

PROOF DEFICIENCY LETTER

RE: Permit No. 63-33913

Dear Permit Holder(s):

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

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

- Item no. 5 of your proof form is blank

Please resubmit the completed form at your earliest convenience before the proof due date of **July 01, 2019** to avoid the possibility of your permit lapsing. A copy of this permit is enclosed for your reference.

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

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

RECEIVED

MAY 17 2019

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

FOR OFFICE USE ONLY

 Amt. of Fee \$ 125
 Receipt No. W047415
 Received By KT
 Date Received 5/17/19

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. 63-33913 Telephone No. 208 941 1460
2. Name of Permit Holder(s) Mark or Susan Coombs
3. Mailing Address 29863 Farmway Rd City Caldwell
 State ID Zip 83607 Email mcoombs45@gmail.com
4. Source of Water Ground water If **GROUND WATER** (well), Date Drilled mo. Mar yr. 2016
 Well Driller Post Well Drilling Drilling Permit Number D0091720
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 1.80 cfs OR _____ acre-feet.

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 Mark Coombs Telephone Number 208 941 1460
 Mailing Address 29863 Farmway Rd City Caldwell
 State ID Zip 83607 Email mcoombs45@gmail.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 Mark Coombs Date 5-13-2019
 (include your title, if on behalf of company or organization)