



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E Front Street, Suite 648 • PO Box 83720 • Boise ID 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700

Website: idwr.idaho.gov • Email: idwrinfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

May 16, 2019

ALLAN MAKI
7776 PIERCE PARK
BOISE ID 83714

PROOF DEFICIENCY LETTER

RE: Permit No. 65-23573

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 items on the form:

- Item no. 5 of your proof form lists a number of households over the number of homes allowed under the domestic use on this permit.
- Item no. 6 of your proof form is blank.

Enclosed for your reference is a copy of your permit.

Please resubmit the completed proof form with all necessary revisions at your earliest convenience before the proof due date of **July 01, 2019** to avoid the possibility of your permit lapsing. 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 14 2019

MAY 15 2019

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESWATER RESOURCES
WESTERN REGIONDEPARTMENT OF
WATER RESOURCESSTATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

 Amt. of Fee \$ 50
 Receipt No. W047401
 Received By KT
 Date Received 5/14/19

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.

- Permit No. 65-23573 Telephone No. 208-869-6644
- Name of Permit Holder(s) Allan Maki (Jim Grant is Well Owner)
- Mailing Address 7776 N. Pierce Pk City Boise
State ID Zip 83714 Email _____
- Source of Water Ground water If **GROUND WATER** (well), Date Drilled mo. ____ / yr. 2014
Well Driller _____ Drilling Permit Number _____
- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) 2 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) _____ Other _____
- Total rate of diversion or storage volume for which proof is submitted _____ 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 WHEN I PURCHASED Property from Jim Grant (2015±), I purchased
 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 rights from
 _____ Completed? Yes ☐ No ☐
- Fee Enclosed \$ _____ or not applicable ☐. See fee schedule on page 2 of the instructions. Jim Grant's Well.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name Jim Grant Telephone Number _____
Mailing Address N. Horseshoe Bend City Horseshoe Bend
State ID Zip 83629 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

Allan Maki

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

Date

MAY 14, '19