



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

February 15, 2019

ISLAND PARK WATER CO
PO BOX 2521
IDAHO FALLS ID 83403

PROOF DEFICIENCY LETTER

RE: Permit Nos. 21-13081 & 21-13082

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) forms submitted for the above referenced permits. The proofs are not acceptable without the correct license examination fees. Copies of the forms are enclosed for your reference.

\$100.00 was submitted with the proof forms. These permits authorize diversion rates of 2.30 cfs (cubic feet per second) and 2.20 cfs, which was stated the same on the forms submitted requiring license examination fees of \$150.00 per permit. **Please submit the remaining \$200.00 of the required fees.** Enclosed is a license examination fee schedule for your reference.

Please submit the required fees at your earliest convenience before the proof due date of **March 01, 2019** to avoid the possibility of your permits lapsing, and include a copy of this letter with your payment. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED
FEB 12 2019
RECEIVED
FEB 14 2019

Department of Water Resources
Eastern Region

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

FOR OFFICE USE ONLY	
Amt. of Fee \$	50.00
Receipt No.	EO44708
Received By	JB
Date Received	2/12/19

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. 21-13082 Telephone No. 208-521-2369
- Name of Permit Holder(s) Island Park Water Co
- Mailing Address PO Box 2521 City Idaho Falls
State ID Zip 83403 Email waterbill@idwr.net
- Source of Water Groundwater If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller _____ Drilling Permit Number _____
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) 164 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) _____ Other _____
- Total rate of diversion or storage volume for which proof is submitted 2.20 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 ☐
- Fee Enclosed \$ 50.00 or not applicable ☐. See fee schedule on page 2 of the instructions.
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 Island Park Water Co Telephone Number 208-521-2369
Mailing Address PO Box 2521 City Idaho Falls
State ID Zip 83403 Email water@idwr.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 Island Park Water Co - Director M. C. [Signature] Date 2-11-2019
(Include your title, if on behalf of company or organization)