



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

January 29, 2019

GARWOOD WATER COOPERATIVE
PO BOX 1137
HAYDEN LAKE ID 83835

PROOF DEFICIENCY LETTER

RE: Permit No. 95-9480

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 or with the application is incomplete. Please address the following items on the form:

- Item no. 3 of the proof form is incomplete.
- The updated report submitted with proof to comply with permit condition no. 9 is lacking all information related to the years 2012 through 2014.

Enclosed is a copy of this permit for your reference.

Please resubmit the completed form, and all additional information requested to meet with permit condition no. 9. **I will hold this matter for 15 days from the date of this letter** allowing you time to gather the required information. Please work diligently to gather the requested information within this time frame 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

JAN 28 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 \$	125
Receipt No.	106194
Received By	KJ
Date Received	1-28-19

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. 95-09480 Telephone No. 208-661-6287
- Name of Permit Holder(s) Garwood Water Cooperative
- Mailing Address _____ City _____
State ID Zip 83835 Email garwoodcoop@gmail.com
- Source of Water Groundwater If GROUND WATER (well), Date Drilled mo. ____/yr. ____
Well Driller HRD Well Service Drilling Permit Number 95-95-N-0005-000
- 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 Municipal
- Total rate of diversion or storage volume for which proof is submitted 2.0 cfs OR 800 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.

Reporting of Production and Connections Completed? Yes ☒ No ☐

- Fee Enclosed \$ 125 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 Bob Chandler Telephone Number 208-691-3428
Mailing Address 3525 S. Stach Rd. City CDA
State ID Zip 83814 Email bobchandlercda@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 Garwood Water Cooperative Pres Date 1-24-19
(Include your title, if on behalf of company or organization)

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

Form No. 217 12/18