



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

January 04, 2019

HAGEN LIVING TRUST
17859 S HWY 97
HARRISON ID 83833

PROOF DEFICIENCY LETTER

RE: Permit No. 95-17456

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. 5 of your proof form also lists irrigation of 3 acres as one of the uses allowed under this permit. The only irrigation use allowed under this permit falls under the domestic use, and allows up a ½ acre of irrigation around the home.
- Item no. 6 of your proof form is blank.
- Item no. 7 of your proof form indicates that a fish screen is not required, when condition no. 3 of this permit states:

"A fish screen of a ¼ inch or smaller mesh shall be installed and maintained at the point of diversion."

I recommend that condition No. 3 of this permit be complied with immediately. Enclosed is a copy of this permit for your reference.

Please resubmit the completed proof form with all necessary revisions at your earliest convenience before the proof due date of **April 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)

IDWR / NORTH

DEC 07 2018

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

FOR OFFICE USE ONLY
 Amt. of Fee \$ 50⁰⁰
 Receipt No. N033936
 Received By NS
 Date Received 12-4-18

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. 95-17456 Telephone No. 208-449-6177
2. Name of Permit Holder(s) Hagen Living Trust
3. Mailing Address 17859 S Why 97 City Harrison
State ID _____ Zip 83833 Email jessian@sbcglobal.net
4. Source of Water Lake CdA If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller _____ Drilling Permit Number _____
5. 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) 3 Other _____
6. Total rate of diversion or storage volume for which proof is submitted _____ 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.

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 Robert W. Hogen MD

Telephone Number 661-330-0616

Mailing Address 17859 S. Hwy 97

City Harrison

State ID Zip 83833 Email jessian@sbcglobal.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

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

Date _____

12/4/18