



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](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

September 25, 2018

AUSTIN NIELSON  
JANESSA NIELSON  
554 OLD MILL RD OVID ID 83254-4944

**PROOF DEFICIENCY LETTER**

**RE: Permit No. 11-7822**

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 it was not signed by the permit holder(s) or an authorized representative. The Department is not able to accept the proof without a signature. If anyone other than the permit holder signs the form, please include supporting documentation authorizing the representative to sign on behalf of the permit holder when resubmitting the form.

Please sign, date and resubmit the completed form as soon as possible. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block  
Technical Records Specialist

Enclosure(s)

RECEIVED

SEP 19 2018

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 \$ 50  
 Receipt No. C105679  
 Received By KW  
 Date Received 9.19.18

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](http://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. 11-07822 Telephone No. 1208-540-2426  
 2. Name of Permit Holder(s) Austin & Janessa Nielson  
 3. Mailing Address 554 Old Mill Rd City OVID  
 State ID Zip 83254 Email Janessa90@live.com  
 4. Source of Water Spring 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) 1 Stockwater (No. and type of stock) 1000 gallons Drinking Water  
 Irrigation (No. of acres) N/A Other \_\_\_\_\_  
 6. Total rate of diversion or storage volume for which proof is submitted 0.04 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the lockable device been installed?         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Fish Screen                 | Is a fish screen required?                              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | If yes, has the fish screen been installed?             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

**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 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_  
 (Include your title, if on behalf of company or organization)