



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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

May 18, 2018

DALE GUST
STACY GUST
5373 EMERALD ST
BOISE ID 83706

PROOF DEFICIENCY LETTER

RE: Permit No. 63-33263

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 condition no.5 of this permit has not been complied with. The proof form you submitted is considered incomplete until you have complied with condition no. 5 listed on this permit which states:

"Proof of application of water to beneficial use shall be submitted no sooner than July 1, 2017, and no later than July 1, 2018. A report with no less than 4 years of diversion measurement and aquifer level water monitoring data shall be submitted in connection with filing proof of beneficial use. Submittal of a proof of beneficial use statement without the required report will not be accepted by the Department and may result in cancellation of the permit. "

Please resubmit the proof form with the required report showing 4 years of diversion measurement and water monitoring data at your earliest convenience before the proof due date of **July 01, 2018** to avoid the possibility of your permit lapsing. Enclosed for your reference is a copy of this permit.

If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

MAY 15 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 \$ 100.00
Receipt No. 2105098
Received By HB
Date Received 5-15-18

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. 63-33263 Telephone No. 208-376-0141 / 208 866 2007
2. Name of Permit Holder(s) Dale & Stacy Gust
3. Mailing Address 5373 Emerald St City Boise
State ID Zip 83706 Email dgust68@yahoo.com
4. Source of Water Well If **GROUND WATER** (well), Date Drilled mo. 04 / yr. 2012
Well Driller S.O.S Well Drilling Drilling Permit Number 914453-863087
5. Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) _____ Stockwater (No. and type of stock) 00063644
Irrigation (No. of acres) 40 Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.800 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.

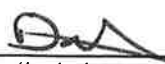
Measuring Device / Static Water Level Log Book Completed? Yes ☒ No ☐

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 Dale Gust Telephone Number 208 376 0141 / 208 866-2007
Mailing Address 5373 Emerald St City Boise
State ID Zip 83706 Email dgust68@yahoo.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  Date 5-7-18
(Include your title, if on behalf of company or organization)