



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

March 14, 2018

JOHN NORTHRUP
CHERYL NORTHRUP
9951 W ROLLING HILLS
STAR ID 83669

PROOF DEFICIENCY LETTER

RE: Permit No. 63-33724

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 the proof form is incomplete.
- Item no. 6 of the proof form is incomplete.

Please resubmit the completed form at your earliest convenience before the proof due date of **June 01, 2018** to avoid the possibility of your permit lapsing. Enclosed for your reference is a copy of your permit to appropriate water. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

MAR 12 2018

WATER RESOURCES
WESTERN 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. -
Receipt No.	W046125
Received By	BES
Date Received	3-12-18

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.

RECEIVED

1. Permit No. 63-33724 Telephone No. 208-870-8060 **MAR 13 2018**
2. Name of Permit Holder(s) John and Cheryl Northrup
3. Mailing Address 9951 W Rolling Hills Dr City Star **DEPARTMENT OF WATER RESOURCES**
State Idaho Zip 83669 Email john@johnncheryl.com

4. Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. / yr. old well from 80s
Well Driller existing well Drilling Permit Number

5. 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

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 \$ 50 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 John Northrup Telephone Number 208-870-8060
Mailing Address 9951 W Rolling Hills City Star
State ID Zip 83669 Email john@johnncheryl.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 John Northrup Date 3-1-18
(Include your title, if on behalf of company or organization)

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