



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

February 13, 2018

RUETH DAIRY GENERAL PARTNERSHIP
26722 OLD FORT BOISE RD
PARMA ID 83660

PROOF DEFICIENCY LETTER

RE: Permit No. 63-33722

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. 6 of this form has not been completed.

To provide you with information regarding the permitted maximum diversion rate, enclosed is a copy of the permit for your reference.

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

Sincerely,

A handwritten signature in black ink that reads "Darla Block".

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

FEB 08 2018

DEPARTMENT OF
WATER RESOURCES

RECEIVED

FEB 07 2018

WATER RESOURCES
WESTERN REGIONSTATE 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. ND46023
 Received By CS
 Date Received 2/7/18

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. 63-33722 Telephone No. 208-573-5495Ray/208-573-5494Norn2. Name of Permit Holder(s) RUETH DAIRY3. Mailing Address PO BOX 447 City PARMAState ID Zip 83660 Email RDAIRY@EMAIL.COM4. Source of Water GROUND WATER If **GROUND WATER** (well), Date Drilled mo. 06 / yr. 2014Well Driller ADAMS PUMP & DRILLING Drilling Permit Number 4575. Extent of use(s) completed **as authorized by the water right permit:**Domestic (No. of households) _____ Stockwater (No. and type of stock) DAIRY CATTLE 2500 HD

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 \$ 100.00 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 RAY RUETH Telephone Number 208-519-5435Mailing Address PO BOX 447 City PARMAState ID Zip 83660 Email RDAIRY@EMAIL.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



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

Date

2-5-18

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