



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

July 19, 2017

CHAD MANDERSCHIED
PO BOX 27
ALBION ID 83311

PROOF DEFICIENCY LETTER

RE: Permit No. 45-14421

Dear Permit Holder:

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 form is not sufficient or incomplete. Please address the following items on the form:

- Item no. 6 of this form has not been completed.
- Please submit the required \$50.00 License examination fee.

The license examination fee was not submitted with the proof form. This permit authorizes a maximum diversion rate of 0.10 cfs (cubic feet per second) from ground water requiring a license examination fee of \$50.00. **The Department does not consider your proof received until the fee has been submitted.**

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 along with the required fee at your earliest convenience before the proof due date of **September 1, 2017** 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

JUL 11 2017

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 \$ _____
Receipt No. _____
Received By _____
Date Received _____

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. 45-14421 Telephone No. 208 673-6474
 2. Name of Permit Holder(s) CHAD MANDERSCHIED
 3. Mailing Address PO BOX 27 City ALBION
 State ID Zip 83311 Email mandenchad@atcnet.net
 4. Source of Water WELL If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
 Well Driller COUCH 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 NO-COMSUMPTION FOR HEATING
 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 CHAD MANDERSCHIED Telephone Number 208 673 6474
 Mailing Address PO BOX 27 City ALBION
 State ID Zip 83311 Email mandenchad@atcnet.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 Chad Manderschied Date JULY 8 2017
 (Include your title, if on behalf of company or organization)