

RECEIVED

JUN 07 2017

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 \$	50.00
Receipt No.	WD45357
Received By	CS
Date Received	6/7/17

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. 67-15078 Telephone No. (208) 258-4962 or 4961
2. Name of Permit Holder(s) HOWARD S. COMMERS / SHANNON M. COMMERS
3. Mailing Address 7190 W. PARON AVE City BOISE
State ID Zip 83714 Email stevecommers@hotmail.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) _____
Irrigation (No. of acres) _____ Other _____
6. Total rate of diversion or storage volume for which proof is submitted .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 ☐	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.

N/A

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 PERMIT HOLDER - HOWARD COMMERS Telephone Number _____
Mailing Address _____ City _____
State _____ Zip _____ Email _____

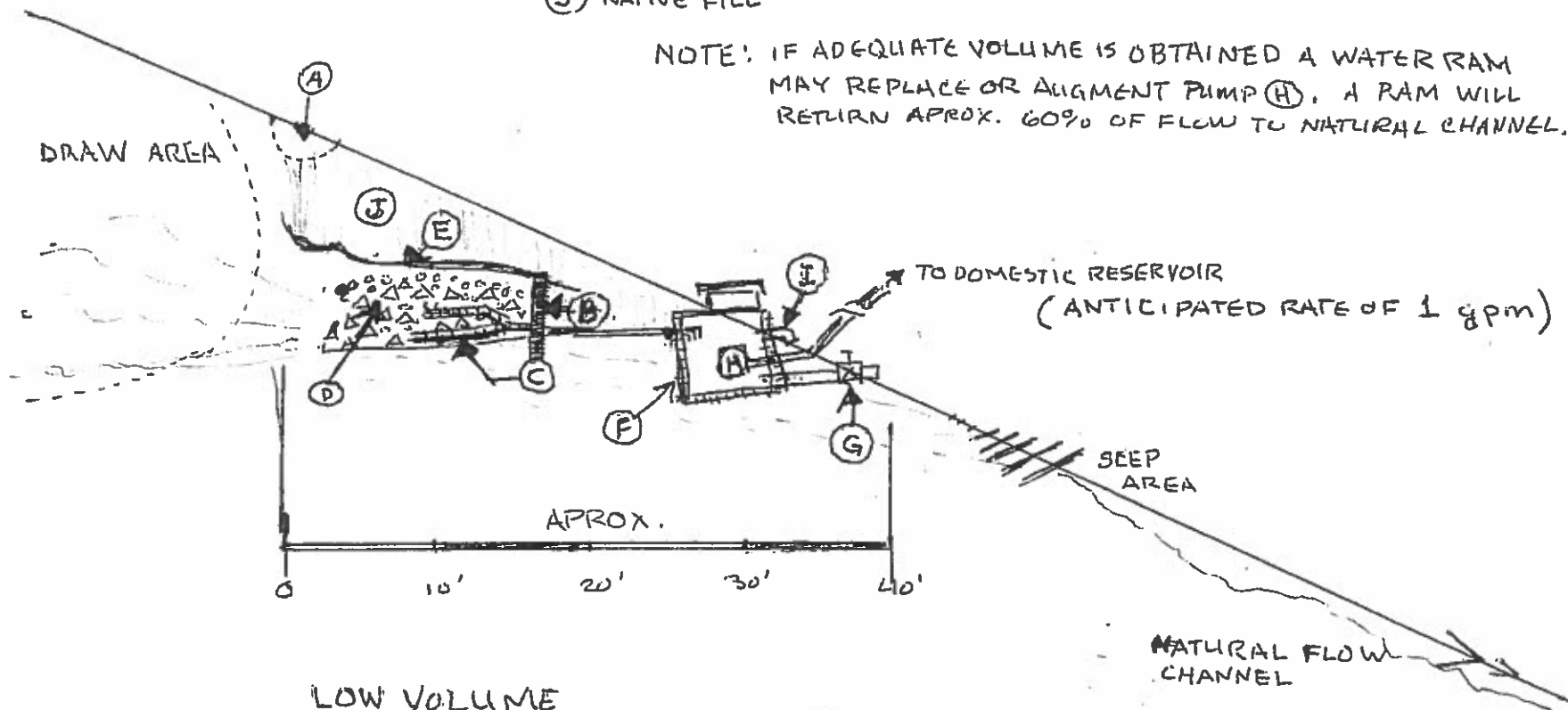
The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder [Signature] Date 6/7/17
(Include your title, if on behalf of company or organization)

LEGEND:
- NO SCALE -

- (A) SURFACE WATER DIVERSION DITCH (ROUTED TO NATURAL CHANNEL)
- (B) CUTOFF WALL (C) PERFORATED COLLECTION TILES
- (D) COLLECTION BED OF ROCK & WASHED GRAVEL
- (E) SEDIMENT RESTRICTIVE MEMBRANE
- (F) SPRING BOX W/LID, STORAGE CAP. ± 100 GAL. (G) WASHOUT VALVE
- (H) PUMP TO DOMESTIC RESERVOIR TO SUPPLY GRAVITY PRESSURE TO DWELLING.
- (I) OVERFLOW - RETURN TO NATURAL FLOW CHANNEL
- (J) NATIVE FILL

NOTE: IF ADEQUATE VOLUME IS OBTAINED A WATER RAM MAY REPLACE OR AUGMENT PUMP (H). A RAM WILL RETURN APPROX. 60% OF FLOW TO NATURAL CHANNEL.



LOW VOLUME
SEEP SPRING DEVELOPMENT/FLOW ENHANCEMENT
AND DIVERSION (TYPICAL)

Beneficial Use Proof Evaluation

Permit Number: 67-15078 Reviewer: agrimm Review Date: 6/14/2017

Acceptability

- 1) Is the contact on the request the current permit holder? Yes
- 2) Does the address of record need to be updated? No
- 3) Proof Submitted Date: 6/7/2017
- 4) Proof Due Date: 8/1/2017
- 5) Days added for weekend due date? 0
- 6) Days added for holiday due date? 0
- 7) Number of days late: -55
- 8) Proof received timely? Yes

Analysis

- 1) Are the water uses correct? Yes
- 2) Is a measuring device required? No
- 3) Is a measuring device installed? No
- 4) Is a measuring device waiver requested? No
- 5) Drilling Permit Number:
- 6) Is a drilling permit upgrade needed? No
- 7) Was a well drillers report filed?
- 8) Is proof accepted? Yes

Fees

- 1) Is a licensing exam fee required? Yes
- 2) Was proof submitted with an exam report from a CWE? No
- 3) Filing fee due: \$50.00
- 4) Filing fee submitted: \$50.00
- 5) Remaining fee or (refund): \$0.00

Receipt IDs

W040009

Comments

Proof Receipt W045357