



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

June 20, 2017

DIANE S WEEKS
MERLIN C WEEKS
1710 W CENTER
LEWISTON UT 84320

PROOF DEFICIENCY LETTER

RE: Permit No. 13-7965

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 it was not signed by the permit holder(s) or an authorized representative. The Department is not able to accept the proof without a signature from the current permit holder. A water right in permit stage is considered to be personal property of the permit holder. If anyone other than the permit holder signs the form, please include supporting documentation authorizing the representative to sign on behalf of the permit holder when resubmitting the form.

Please resubmit the completed form at your earliest convenience before the proof due date of **July 01, 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,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUN 05 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 \$ 100
Receipt No. 10
Received By 6/5/17
Date Received 6/03/17

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. 13-07965 Telephone No. 435 258-2894
2. Name of Permit Holder(s) Diane S. & Merlin C. Weeks
3. Mailing Address 1710 W. Center City Lewiston
State UT Zip 84330 Email _____
4. Source of Water Bear River If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
Well Driller _____ Drilling Permit Number _____

5. Use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 15 Other _____
Rate of diversion or storage volume for which proof is submitted _____ cfs OR 48 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 Merlin C. W Telephone Number 435 258-2894
Mailing Address 1710 W. Center City Lewiston
State UT Zip 84330 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 Diane S. Weeks - Lessee Date June 01, 2017
(Include your title, if on behalf of company or organization)

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