



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

May 17, 2017

STATE OF IDAHO
DEPT OF FISH & GAME
99 HWY 93 N
PO BOX 1336
SALMON ID 83467

PROOF DEFICIENCY LETTER

RE: Permit Nos. 75-14824, 75-14825, 75-14826, 75-14827, 75-14828, 75-14829, 75-14830, 75-14831, 75-14832, 75-14833, 75-14834, 75-14835 & 75-14836

Dear Permit Holder(s):

The Department received the proofs of beneficial use (proofs) form you submitted for the all of the above referenced permits.

I am returning all the forms to you because none were signed by the permit holder or an authorized representative. The Department is not able to accept the proofs without a signature. If anyone other than the permit holder signs the forms, please include supporting documentation authorizing the representative to sign on behalf of the permit holder when resubmitting the forms.

Please submit the completed forms at your earliest convenience before the proof due date of **June 01, 2017** to avoid the possibility of your permits 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". The signature is written in a cursive, flowing style.

Darla Block
Technical Records Specialist

Enclosure(s)

MAY 16 2017DEPARTMENT 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. _____

Receipt 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, please contact any Department office or visit the Department's website at: www.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. 75-14833 Telephone No. (208)334-3700Name of Permit Holder(s): Idaho Department of Fish and Game2. Mailing Address: 600 S. WalnutCity: BoiseState IDZip 83707Email: wpoole@idfg.idaho.gov3. Source of Water: Patterson Creek If **GROUND WATER** (well), Date Drilled: mo. _____ yr. _____

Well Driller: _____ Drilling Permit Number: _____

4. 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: Fish Propagation5. Total rate of diversion or storage volume for which proof is submitted: 0.8 cfs _____ acre-feet.6. Compliance with a Measuring 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 completed/installed.****Measuring Device:** Is a measuring device required?Yes ☐ or No ☒

If yes, has the measuring device been installed?

Yes ☐ or No ☐**Conditions of Permit:** Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

No

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or No ☐7. Fee Enclosed: \$100.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

8. Person to contact to accompany the Department representative during field examination of the water system.

Name: Larry Weeks Telephone Number: (208)756-6022Mailing Address: Idaho Department of Fish and Game, PO Box 1336, 97 Hwy 93 N. City: SalmonState: ID Zip: 83467 Email: lweeks@idfg.idaho.gov

9. 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: _____ Date: _____

Region 7 Supervisor, Idaho Department of Fish and Game