



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

November 18, 2016

CITY OF DRIGGS
PO BOX 48
DRIGGS ID 83422

**PROOF DEFICIENCY LETTER
AND LAPSE NOTICE**

RE: Permit No. 22-13979

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

- Condition no. 8 of this permit has not been complied with.

The proof form you submitted is considered incomplete until you have complied with condition no. 8 listed on this permit. Condition no. 8 of this permit which states:

"In connection with the proof of beneficial use submitted for this permit, the permit holder shall also submit a report showing the total annual volume, the maximum daily volume, and the maximum instantaneous rate of flow diverted from the point of diversion authorized for this permit during the development period. The report shall also show the maximum instantaneous rate of diversion, either measured or reasonably estimated by a qualified professional engineer, geologist, or certified water rights examiner, for the entire City of Driggs municipal water system. The report shall also describe and explain how water diverted under this permit provides an additional increment of beneficial use of water for the City of Driggs municipal water system as opposed to an alternative point of diversion for prior water rights already held and used by the City of Driggs for its municipal water system."

LAPSE NOTICE

You are hereby notified that under the provision of Idaho Code § 42-218A, the above referenced permit has lapsed and is of no further force nor effect. The permit can only be reinstated if you submit an acceptable proof of beneficial use to the department within sixty (60) days of the mailing of this lapse notice. An acceptable proof of beneficial use submittal must include the examination fee or a completed field examination report.

The Department is returning the proof form to you. Rocky Mountain Environmental Associates should receive a \$100.00 state of Idaho warrant in the mail within ten (10) business days under separate cover for the fee that was submitted.

Enclosed is a copy of this permit for your reference. Please resubmit the proof form and fee with all information required under permit condition no.8 within sixty days to avoid having to submit your proof form with the following additional items:

- A Request to Reinstate a Permit Lapsed more than Sixty Days form
- A Beneficial Use Field Report (prepared by a certified water right examiner)
- A Reinstatement application fee of \$250.00

If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,



Darla Block
Technical Records Specialist

Enclosure(s)

c: ROCKY MOUNTAIN ENVIRONMENTAL ASSOC

CERTIFICATION OF MAILING

I hereby certify that on 11-21-2016
a copy/an original of this document was
deposited in the United States mail, postage
prepaid addressed to the individual(s)
named above.



RECEIVED

OCT 25 2016

Department of Water Resources
Eastern RegionSTATE 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.	2042558
Received By	36
Date Received	10/25/16

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. 22-13979 Telephone No. 208-354-2362
2. Name of Permit Holder(s) City of Driggs
3. Mailing Address PO Box 48 City Driggs
State ID Zip 83422 Email _____
4. Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
Well Driller _____ Drilling Permit Number _____

RECEIVED

NOV 02 2015

DEPARTMENT OF
WATER RESOURCES

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 Municipal - 0.61 cfs
6. Total rate of diversion or storage volume for which proof is submitted 0.61 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.

Condition #8 and #9 DEQ water supply # 7410004 Completed? Yes ☒ No ☐

8. Fee Enclosed \$ 100 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 Jared Gunderson Telephone Number 208-354-2362
Mailing Address PO Box 48 City Driggs
State ID Zip 83422 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] Mayor Date 10/12/2016
(Include your title, if on behalf of company or organization)

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

Block, Darla

From: Block, Darla
Sent: Friday, November 18, 2016 11:12 AM
To: Marston, Sascha
Subject: Refund Needing Issued

November 18, 2016

Re: Water right permit no. 22-13979
Issuance of a refund under **Receipt ID E042558**

Dear Sascha,

Please issue a refund in the amount of **\$100.00** from **Receipt ID E042558**. The Proof of Beneficial Use was unacceptable at this time. Further information is required in connection with the proof of beneficial use in this case. Please send the \$100.00 refund to the following:

ROCKY MOUNTAIN ENVIRONMENTAL ASSOCIATES
482 CONSTITUTION WAY STE 303
IDAHO FALLS ID 83402

Thank You,
Darla