



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

October 31, 2016

MATTHEW REED
PO BOX 9351
NAMPA ID 83652

PROOF DEFICIENCY LETTER

RE: Permit No. 63-33567

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form you submitted for the above referenced permit. The proof form is not acceptable without the license examination fee.

I am returning the form to you because information provided on the proof is not sufficient or incomplete. Please address the following items on the form:

- Item no. 5 of your proof form shows less acreage than the permit allows.
- Item no. 6 of your proof form is incomplete.
- A \$100.00 license examination fee is required.

I am returning your proof form so that you may revise your form to reflect the permitted amounts. Enclosed for your reference is a copy of your permit, and the license examination fee schedule.

The Department cannot process your proof form without the required fee. Please resubmit the completed form, and the required fee at your earliest convenience before the proof due date of **December 01, 2016** 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

OCT 31 2016

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. 63-33567 Telephone No. 206-229-65982. Name of Permit Holder(s) Matt Reed3. Mailing Address P.O. Box 9351 City NampaState Id Zip 83652 Email matt@mattreed.info4. Source of Water Well If GROUND WATER (well), Date Drilled no / yr. _____Well Driller Adamsen Pump & Drilling Inc. Drilling Permit Number 00068894

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) 2 Other _____

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 Janet Reed Telephone Number 208-284-4979Mailing Address P.O. Box 1194 City ParmaState Id Zip 83660 Email jan@dyreed.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 Matt Reed Date 10/28/16

(Include your title, if on behalf of company or organization)

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