



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

September 23, 2016

MICHAEL HENRY
MARIANNE HENRY
1281 MCCLELLAN RD
PLUMMER ID 83851

PROOF DEFICIENCY LETTER

RE: Permit No. 93-7262

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof is not acceptable without the fee. A copy of the form is enclosed for your reference.

The proof form was not accompanied by the required \$50.00 license examination fee. The Department cannot process proof without the fee. Please submit the required fee at your earliest convenience before the proof due date of **November 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,

A handwritten signature in blue ink that reads "Darla Block". The signature is fluid and cursive, with the first name "Darla" and the last name "Block" clearly distinguishable.

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

SEP 21 2016

DEPARTMENT OF
WATER RESOURCES

STATE 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.

- Permit No. 93-07262 Telephone No. 208-273-2102
- Name of Permit Holder(s) Michael E or MARIANNE Henry
- Mailing Address 1281 McClellan Rd City Plummer
State ID Zip 83851 Email _____
- Source of Water unnamed stream If GROUND WATER (well), Date Drilled mo. _____ / yr. _____
Well Driller _____ Drilling Permit Number _____
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) 50 head mixed stock
Irrigation (No. of acres) _____ Other WILDLIFE STORAGE - FIRE PROTECTION STORAGE
- Total rate of diversion or storage volume for which proof is submitted _____ cfs OR 5.1 acre-feet.
- 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.

Re PAIR dam Completed? Yes ☒ No ☐

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

Name Michael E Henry Telephone Number 208-273-2102
Mailing Address 1281 McClellan Rd City Plummer
State ID Zip 83851 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 Michael E Henry Date 9-15-16
(Include your title, if on behalf of company or organization)