



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 29, 2016

DEBORAH A LOGAN
MARK A LOGAN
6914 WESTVIEW DR
BONNERS FERRY ID 83805

PROOF DEFICIENCY LETTER

RE: Permit No. 98-7953

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. 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 submit the completed form at your earliest convenience before the proof due date of **January 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 29 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 \$	50.00
Receipt No.	C162219
Received By	AO
Date Received	6-29-16

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. 98-07953 Telephone No. 208-610-6442
 2. Name of Permit Holder(s) Mark A + Deborah A Logan
 3. Mailing Address 6914 Westview Dr. City Bannock Ferry
 State ID Zip 83805 Email mark@selkirknet.com
 4. Source of Water Mayle River If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
 Well Driller _____ Drilling Permit Number _____

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) 3 Other _____

6. Total rate of diversion or storage volume for which proof is submitted .03 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 \$ 50.00 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 Mark Logan Telephone Number 208-610-6442
 Mailing Address 6914 Westview Dr City Bannock Ferry
 State ID Zip 83805 Email mark@selkirknet.com

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 25 June 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