



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 17, 2016

JIM CONNELLY
MICHELE CONNELLY
11690 ORCHARD AVE
NAMPA ID 83651

PROOF DEFICIENCY LETTER

RE: Permit No. 63-34039

Dear Permit Holder(s):

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

This permit authorizes a diversion rate of 0.09 cfs (cubic feet per second) from ground water requiring a license examination fee of \$50.00.

Please submit the required fee before the proof due date of **July 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".

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUN 16 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. 63-34039 Telephone No. 971-533-2844 or 971-533-2643
2. Name of Permit Holder(s) Jim and Michele Connelly
3. Mailing Address 11690 Orchard Ave City Nampa
State Id Zip 83651 Email michele.connelly@hotmail.com
4. Source of Water ground If **GROUND WATER** (well), Date Drilled mo. 9/3 /yr. 2015
Well Driller Adamson Drilling Permit Number D0070146

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
- 0.09
- 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 Jim Connelly and/or Michele Telephone Number 971-533-2844 or 971-533-2643
Mailing Address 11690 Orchard Ave City Nampa
State Id Zip 83651 Email michele.connelly@hotmail.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 Michele Connelly Date 06/14/2016
(Include your title, if on behalf of company or organization)

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