



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

March 02, 2016

TOM R NORRIS
2351 CLAY ST STE 510
SAN FRANCISCO CA 94115

PROOF DEFICIENCY LETTER

RE: Permit No. 37-8916

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 on the form:

- Item no. 5 of the proof form is incomplete.

Please resubmit the completed form at your earliest convenience. I will hold this matter for **15-days** from the date of this letter to wait for your revised submittal.

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

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

c: MOORE SMITH BUXTON & TURCKE CHARTERED, BROCKWAY ENGINEERING
PLLC

RECEIVED

FEB 29 2016

DEPT OF WATER RESOURCES
SOUTHERN REGION

RECEIVED

MAR 02 2016

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.	S035363
Received By	DM
Date Received	2-29-2016

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. 27-08916 Telephone No. (415) 722-6835
 2. Name of Permit Holder(s) Tom R. Norris
 3. Mailing Address 2351 Clay Street, Suite 510 City San Francisco
 State CA Zip 94115 Email trnorris@tomnorris.com
 4. Source of Water Big Wood 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) _____ Other _____

6. Total rate of diversion or storage volume for which proof is submitted _____ cfs OR 0.43 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 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 Charles E. Brockway Telephone Number (208) 736-8543
 Mailing Address 2016 N. Washington St., Ste. 4 City Twin Falls
 State ID Zip 83301 Email charles.e.brockway@brockwayeng.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 Tom R. Norris Date 2/26/16
 (Include your title, if on behalf of company or organization)

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