



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 26, 2015

CHARLES R CARLSON
31973 E DUDLEY RD
CATALDO ID 83810

PROOF DEFICIENCY LETTER

RE: Permit No. 94-7689

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:

- Items 6 through 9 of the proof form are incomplete.

Please resubmit the completed form before the proof due date of **December 01, 2015** to avoid the possibility of your permit lapsing. Enclosed is a copy of the permit for your reference. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

A handwritten signature in black ink that reads 'Darla Block'.

Darla Block
Technical Records Specialist

Enclosure(s)

This well is for Household use only

RECEIVED

OCT 13 2015

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: NA
Receipt No.: _____
Receipt By: _____
Date Received: _____

DEPARTMENT OF
WATER RESOURCES

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, please contact any Department office or visit the Department's website at: www.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.: 94-07689 Telephone No.: 208-682-2561

2. Name of Permit Holder(s): Charles R Carlson

3. Mailing Address: 31973 E Dodley Rd City: CATALDO

State: ID Zip: 83810 Email: _____

4. Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. June yr. 1994

Well Driller: H2O Coord. Dave ID Drilling Permit Number: _____

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 1 Stockwater (No. and type of stock): NONE

Irrigation (No. of acres): 4 Other: NONE

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 ☐

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: \$ _____ See fee schedule on back of the instructions for filing proof of beneficial use. Proofs 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: _____ Telephone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ 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: Charles R Carlson
(Include your title, if on behalf of company or organization)

Date: OCT 6, 2015

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