



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

August 14, 2015

THOMAS A LAWRENCE
DIANE B LAWRENCE
PO BOX 1078
HAYDEN ID 83835

PROOF DEFICIENCY LETTER

RE: Permit No. 95-16813

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 on the application is not sufficient or incomplete. Please address the following item on the form:

- Item no. 6 of the proof form is incomplete.

To provide you with information regarding the permitted water uses and rate of diversion enclosed is a copy of the permit for your reference. Please complete the form to provide the Department with information about your completed development.

Please resubmit the completed proof form as soon as possible in order for the Department to move forward with processing. I will hold this matter for **15-days** from the date of this letter to wait for your response.

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

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

AUG 11 2015

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USEFOR OFFICE USE ONLY
Amt. of Fee \$ 50.00
Receipt No. C/00865
Receipt By: aj
Date Received: 8-11-15

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.

- Permit No.: 95-16813 Telephone No.: 208-772-7394
- Name of Permit Holder(s): THOMAS A and DIANE B LAWRENCE
- Mailing Address: PO BOX 1078 City: HAYDEN
State: ID Zip: 83835-1078 Email: tomlawone@hotmail.com
- Source of Water: SURFACE WATER FROM If GROUND WATER (well), Date Drilled: mo. ____ / yr. ____
Well Driller: HAYDEN LAKE 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): ____
Irrigation (No. of acres): ____ Other: ____
- Total rate of diversion or storage volume for which proof is submitted: ____ cfs OR ____ 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?

If yes, has the measuring device been installed?

Yes ☐	No ☒
Yes ☐	No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐	No ☒
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.

NONE

Completed?

Yes ☐	No ☐
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- Fee Enclosed: \$ 50.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs 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: THOMAS LAWRENCE Telephone Number: 208-772-7394Mailing Address: PO BOX 1078 City: HAYDENState: ID Zip: 83835-1078 Email: tomlawone@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: Thomas G Lawrence Diane B Lawrence Date: AUG. 4, 2015
(Include your title, if on behalf of company or organization)

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