



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 10, 2015

WESTOVER LAKES OWNERS ASSOC
C/O ASSOCIATION MANAGEMENT INC
1310 N MAIN ST MERIDIAN ID 83642

PROOF DEFICIENCY LETTER

RE: Permit Nos. 63-32125 & 63-32126

Dear Permit Holder(s):

The Department received the proofs of beneficial use (proof) forms you submitted for the above referenced permits. I am returning the forms to you because information provided on the forms is not sufficient or incomplete. Please address the following items on the forms:

- The address listed on the proof form for permit no. 63-32125 does not match the address listed on the assignment of permit that the Department just processed. Please update the address to reflect the current mailing address. The license examination fee for this permit should have been \$100.00 based on the authorized diversion rate of 0.23 cfs (cubic feet per second).
- The address listed on the proof form for permit no. 63-32126 does not match the address listed on the assignment of permit that the Department just processed. Please update the address to reflect the current mailing address. The license examination fee for this permit should have been \$100.00 based on the authorized diversion volume of 20.4 af (acre feet). Item no. 6 of this proof form is blank. Please fill in item no. 6.

A \$50.00 license examination fee was submitted with each of the proof forms. Please submit the remaining \$100.00 of the required fees when resubmitting both proof forms. Please resubmit the completed &/or corrected forms along with the additional fees requested. I will hold this matter for (15) days from the date of this letter. To avoid the possibility of your permits lapsing, please respond within the 15 days allotted.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Darla Block'.

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

MAY 13 2015

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: C100449
Receipt By: J. Strang
Date Received: 5-13-15

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.

1. Permit No.: 63-32126 Telephone No.: 208-385-9650

2. Name of Permit Holder(s): Wentover Lakes Owners' Association, Inc.

3. Mailing Address: PO Box 5714 City: Boise

State: ID Zip: 83705 Email: info@amihome.net

4. Source of Water: Groundwater If GROUND WATER (well), Date Drilled: mo. ____ / yr. ____

Well Driller: None Drilling Permit Number: None

5. Extent of use(s) completed (as authorized by the water right permit): These are aesthetic pond and 404 wetlands mitigation ponds. Source is solely subsurface water table.

Domestic (No. of households): ____ Stockwater (No. and type of stock): ____

Irrigation (No. of acres): ____ Other: One aesthetic pond and two 404 wetlands mitigation ponds. Source of water is subsurface water table.

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.

None

Completed? Yes ☐ No ☐

8. 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.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Diane McLaughlin Telephone Number: 208-957-6303

Mailing Address: 2070 S Fox Glen Way City: Engle

State: ID Zip: 83616 Email: dmclaughlin7@aol.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: Diane McLaughlin Date: 5/13/15
(Include your title, if on behalf of company or organization)

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