



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

November 6, 2014

LORI ANN MERGES
DOUG MERGES
27205 WING SETTER LN
PARMA ID 83660

PROOF DEFICIENCY LETTER

RE: Permit No. 63-32562

Dear Permit Holder(s):

The Department has received your Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department cannot accept the form you filed because of incomplete or missing information. Question no. 5 on the proof form is incomplete. I am returning the original form to you and ask that you complete the form and return it to my attention.

I also found one condition of this permit that has not been complied with according to your answers on the proof form you filed. Condition no. 8 of this permit which states:

"Prior to diversion of water under this right, the right holder shall install and maintain a measuring device and lockable controlling works of a type acceptable to the Department as part of the diverting works."

In addition, there is another condition of this permit that may not have been complied with. Condition no. 6 of this permit which states:

"The right holder shall install or construct or ditch suitable for installation of a device for measuring the entire flow of water being diverted in connection with this right. If the right holder uses conduit, the straight length of conduit shall be at least fifteen times the diameter of the conduit and shall be above ground or otherwise easily accessible."

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

I will hold this matter for **15-days** from the date of this letter to wait for your response.

Please contact me at (208) 287-4945, if you have any questions.

Sincerely,

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosure(s)

RECEIVED
SEP 09 2014
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 \$: 100.00
Receipt No. C099371
Receipt By: CS
Date Received: 9/9/14

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.: 63-32562 Telephone No.: 208-722-7440
2. Name of Permit Holder(s): DOUG + LORI MERGES
3. Mailing Address: 27205 WING BETTER LN City: PARMA
State: ID Zip: 83660 Email: DOUGMERGES@GMAIL.COM
4. Source of Water: UNNAMED DRAIN 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: 0.1 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: \$ 100 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: JANE AS ABOVE 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: [Signature] Date: 9/8/14
(Include your title, if on behalf of company or organization)

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