



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

July 18, 2014

IDAHO FALLS SCHOOL DISTRICT #91
690 JOHN ADAMS PARKWAY
IDAHO FALLS ID 83401

PROOF DEFICIENCY LETTER

RE: Permit No. 35-14139

Dear Permit Holder(s):

During my review of your statement of completion ("proof") for this water right, I noticed you listed a maximum diversion rate of 0.42 cfs in item no.6. This letter is to inform you that you will be limited to a lesser rate of diversion than the amount listed on your permit based on the \$100.00 license examination fee you paid.

If it is your intent to cover the maximum diversion rate of 1.34 cfs from groundwater as listed on your permit then the total license examination fee is \$125.00, and the amount still owed is \$25.00.

I also found one condition of this permit that has not been complied with. Condition no. 3 of this permit which states:

"Prior to diversion and use of water under this right, the right holder shall install and maintain acceptable measuring device(s) at the authorized point(s) of diversion, in accordance with Department specifications."

Upon receipt of the additional \$25.00 owed for the license examination and compliance with permit condition no. 3, I will be able to move forward with processing your proof.

I am returning your proof form to you and ask that you **file the original signed version with any corrections you feel necessary** and return it to me. I am also enclosing a copy of your permit along with a license examination fee schedule for your reference.

I will hold this matter for your response for (30) days from the date of this letter. Also please keep in mind that the 60 day deadline ends on September 5, 2014.

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

Sincerely,

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosure(s)

RECEIVED

JUL 14 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 \$: 1000
Receipt No. C099164
Receipt By: CS
Date Received: 7/14/14

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.: 35-14139 Telephone No.: 208/ 525-7585 Opt 3
2. Name of Permit Holder(s): Idaho Falls School District #91
3. Mailing Address: 690 John Adams Parkway City: Idaho Falls
State: ID Zip: 83401 Email: rubiamy@d91.k12.id.us
4. Source of Water: Injection Well If **GROUND WATER** (well), Date Drilled: mo. Aug / yr. 2011
Well Driller: Jody Denning Drilling Inc Drilling Permit Number: 35-W-171-001
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: Education Building
6. Total rate of diversion or storage volume for which proof is submitted: 0.42 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: \$ 100.00 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: Kent Chaffee Telephone Number: 208/ 604-0859
Mailing Address: 690 John Adams Parkway City: Idaho Falls
State: ID Zip: 83401 Email: chafkent@d91.k12.id.us

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: W. Paul King Date: 4/30/2014
(Include your title, if on behalf of company or organization)

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

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