



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 25, 2014

TYRA STUBBS
RICHARD STUBBS
1322 E BRAEMERE RD
BOISE ID 83702

PROOF DEFICIENCY LETTER

RE: Permit No. 78-12414

Dear Permit Holder(s):

During my review of your statement of completion ("proof") for this water right, I noticed that the proof form you submitted did not include the license examination fee.

The license examination fee is based on the maximum rate of diversion that was developed, and is for the department to conduct a beneficial use field examination of the water system to verify its use. Your proof statement cannot be accepted without the license exam fee. The permit was issued with a maximum diversion rate of 0.56 cfs from ground water. Based on your maximum diversion rate the examination fee due is **\$100.00**.

Upon receipt of the license examination fee, the Department will consider your proof of beneficial use to be filed at that time and will then be able to process your proof.

I am enclosing the license examination fee schedule, and a copy of your permit for your reference. I will hold this matter for **15-days** from the date of this letter.

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

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED
MAY 02 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 \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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.: 78-12414 Telephone No.: 208-385-9536
2. Name of Permit Holder(s): RICHARD + TYRA STUBBS
3. Mailing Address: 1322 E BRAEMERE RD City: BOISE
State: ID Zip: 83702 Email: rlstubsbs@careyperkins.com
4. Source of Water: Well If **GROUND WATER** (well), Date Drilled: mo. 5 / yr. 2005
Well Driller: Swivenga Vessey Drilling Drilling Permit Number: 004014
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): N/A
Irrigation (No. of acres): 26 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: .56 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.
N/A

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. No storage

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

Name: Richard Stubbs Telephone Number: 208-345-8600

Mailing Address: 1322 E Braemere Rd City: Boise

State: ID Zip: 83702 Email: rlstubsbs@careyperkins.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: _____

(Include your title, if on behalf of company or organization)

Date: 5/1/14

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