



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

May 21, 2014

WILLIAM H COX
2610 SW 9TH AVE
PARMA ID 83660

PROOF DEFICIENCY LETTER

RE: Permit No. 63-33178

Dear Permit Holder:

During my review of your statement of completion ("proof") for this water right, I noticed that the proof form you submitted is incomplete. More specifically, parts 6, 7 and 8 of this form have not been filled out. I also noticed that the license examination fee was not paid at the time of filing proof.

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 0.66 cfs from ground water. Based on your maximum diversion rate the examination fee due is **\$100.00**.

Enclosed is the original Statement of Completion ("proof") form you filed. I am returning it to you and request that you fill parts 6, 7 and 8 of the form to reflect what was permitted. Upon receipt of a completed proof statement and license examination fee I will acknowledge its receipt.

I am also 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)

APR 28 2014

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 \$: _____
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.

- Permit No.: 63-33178 Telephone No.: 208-631-6151
- Name of Permit Holder(s): William H. Cox
- Mailing Address: 2610 SW 9th Ave City: Parma
State: ID Zip: 83660 Email: _____
- Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): 15 Cows, 10 chickens, 3 cats, 1 good dog
Irrigation (No. of acres): 28 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? 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 ☐
- 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.
 - Person to contact to accompany the Department representative during field examination of the water system:
Name: Bill Cox Telephone Number: 208-631-6151
Mailing Address: 2610 SW 9th Ave City: Parma
State: ID Zip: 83660 Email: jumpcreek113@yahoo.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: _____ Date: 4/24/14
(Include your title, if on behalf of company or organization)

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