



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](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

March 10, 2014

DEANNA K OMLER  
WILLIAM E OMLER  
C/O JOEL AND SUSAN DYE  
PO BOX 26  
TENDON ID 83463

### PROOF DEFICIENCY LETTER

**RE: Permit No. 74-15895**

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 is incomplete. More specifically, item nos. 6 and 7 of this form has not been filled out. Your proof statement cannot be processed without this information.

Enclosed is the original Statement of Completion ("proof") form you filed. I am returning it to you and request that you fill out items 6 and 7 of the form. Upon receipt of a completed proof statement I will be able to move forward with processing your proof.

I am also enclosing a copy of your permit for your reference. Please refer to all conditions of approval at the bottom of your permit. 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,

A handwritten signature in black ink that reads "Darla Block".

Darla Block  
Technical Records Specialist

Enclosure(s)

RECEIVED

FEB 12 2014

Department of Water Resources  
Eastern RegionSTATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USE

|                     |         |
|---------------------|---------|
| FOR OFFICE USE ONLY |         |
| Amt. of Fee \$:     | 125.00  |
| Receipt No.:        | E039554 |
| Receipt By:         | KM      |
| Date Received:      | 2.12.14 |

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](http://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.: 74-15895 Telephone No.: \_\_\_\_\_2. Name of Permit Holder(s): William E and Deanna K Omler3. Mailing Address: C/O Joel and Susan Dye PO BOX 26 City: TendoyState: ID Zip: 83468 Email: dye1ot99@gmail.com4. Source of Water: Agency Creek 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: nonconsumptive use hydroelectric (micro hydro)

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?

If yes, has the measuring device been installed?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Lockable Controlling Device:** Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

8. Fee Enclosed: \$ 125 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: Joel V. Dye Telephone Number: 208 756 1722Mailing Address: P.O. Box 26 City: TendoyState: ID Zip: 83468 Email: dye1ot99@gmail.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: Joel V. Dye Date: 2/5/14  
(Include your title, if on behalf of company or organization)

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