



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

February 18, 2014

TETON RETINAL INSTITUTE
3544 E 17TH ST STE 105
AMMON ID 83406-6913

PROOF DEFICIENCY LETTER

RE: Permit No. 25-14239

The Department has received a Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department is unable to process the proof form filed in the name of Darryl G. Moffett. The owner of record for this permit is currently in the name of Teton Retinal Institute. In addition, item nos. 6 & 7 of the proof form are incomplete.

I am returning the original proof form to you and ask that you make the correction to item no.1, complete item nos. 6 & 7, and return the form to me. To provide you with information regarding the permitted rate of diversion and conditions of approval, enclosed is a copy of the permit for your reference.

I will be able to move forward with processing your proof upon receipt of a completed proof statement showing the correct permit holder. 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

Enclosure

RECEIVED

JAN 27 2014

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$:	50.00
Receipt No.	C098234
Receipt By:	CS
Date Received:	1/27/14

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.: 25-14239 Telephone No.: 208-535-49002. Name of Permit Holder(s): Darryl G. Moffett3. Mailing Address: 3544 E. 17th St. #105 City: AmmonState: ID Zip: 83406 Email: tri@tetonretinal.com4. Source of Water: _____ If GROUND WATER (well), Date Drilled: mo. Dec 14, 2009Well Driller: Andrew Well Drilling Drilling Permit Number: South: D00569985. Extent of use(s) completed (as authorized by the water right permit): North: D0056999

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: Injection, Heating and Cooling

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? 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: \$ 50.00 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: Ryan Kendall Telephone Number: 208-529-2900Mailing Address: 3544 E. 17th St. #105 City: AmmonState: ID Zip: 83406 Email: ryantri@tetonretinal.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: D. G. Moffett President: 1/22/14
(Include your title, if on behalf of company or organization)

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