



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

January 23, 2014

IDAHO DEPT OF ENVIRONMENTAL QUALITY
1410 N HILTON
BOISE ID 83706

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 94-7527

Dear Permit Holder(s):

On January 10, 2014, the Department received a statement of completion for filing proof of beneficial use ("proof statement"), and a \$50.00 license examination fee for the above referenced permit.

The Department had already received and processed your proof statement and license examination fee filed on October 13, 2011. Therefore, I am returning the proof statement you recently submitted. The license examination fee you paid with this proof statement will be refunded to you. You should receive a State of Idaho check in the amount of \$50.00 in about 10 business days under separate cover.

If you have any questions regarding this matter, 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

JAN 10 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.	C098159
Receipt By:	ss
Date Received:	1-10-14

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.

- Permit No.: 94-7527 Telephone No.: (208) 373-0502
- Name of Permit Holder(s): Idaho Department of Environmental Quality
- Mailing Address: 1410 N Hilton City: Boise
State: Idaho Zip: 83706 Email: _____
- Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. June / yr. 2010
Well Driller: H2O Well Services Inc Drilling Permit Number: 859455
- 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: Decontamination Extraction Well
- Total rate of diversion or storage volume for which proof is submitted: 0.2 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	☒
Yes	☐	No	☐

If yes, has the measuring device been installed?

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

Yes	☐	No	☒
Yes	☐	No	☐

If yes, has the lockable device been installed?

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	☒
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- 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.
- Person to contact to accompany the Department representative during field examination of the water system.
Name: Bruce Schuld Telephone Number: (208) 783-4906
Mailing Address: 1005 West McKinley City: Kellogg
State: ID Zip: 83837 Email: Bruce.Schuld@deq.idaho.gov

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:

Don Carpenter

Donald Carpenter *Mine Waste Program*
Scientist

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

Date:

12-5-2013

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

Block, Darla

From: Block, Darla
Sent: Thursday, January 23, 2014 3:58 PM
To: Marston, Sascha
Subject: Refund Needing Issued

January 23, 2014

Re: Issuance of a **\$50.00** refund for water right **permit no. 94-7527** under **Receipt ID C098159**

Dear Sascha,

Please issue a refund in the amount of \$50.00 from Receipt ID C098159. The beneficial use statement of completion is being returned to the permit holder as unprocessed. The permit holder already filed their statement of completion and paid the fee back in 2011. Please send the \$50.00 refund to the following:

IDAHO DEPT OF ENVIRONMENTAL QUALITY
1410 N HILTON
BOISE ID 83706

Thank You,
Darla

Idaho Department of Water Resources Receipt

Receipt ID: C098159

Payment Amount \$50.00 Date Received 1/10/2014 9:58 AM Region STATE
Payment Type Check Check Number 80280
Payer STATE OF IDAHO DEPT OF ENVIRONMENTAL QUALITY
Comments STATEMENT OF COMPLETION, PERMIT NO. 94-7527.

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$50.00	PERMITS	56103	0229	21		1155



Signature Line (Department Representative)