



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

September 9, 2013

MCCANN LAND CO
1824 17th AVE.
LEWISTON ID 83501

PROOF DEFICIENCY LETTER

RE: Permit No. 85-15743

Dear Permit Holder(s):

Enclosed is a copy of the Proof of Beneficial Use ("proof") form you filed with the Department on September 04, 2013. This letter is to inform you that the license examination fee was not paid at the time of filing the proof form. The license examination fee is based on the maximum diversion volume 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 an examination fee.

The permit was issued with a maximum diversion volume of 4.0 af, from a spring tributary to Sinks which is considered **surface water**. Based on your maximum diversion volume of 4.0 af, the license examination fee is \$50.00. Please submit the license examination fee required. Upon receipt of the appropriate examination fee, the Department will consider your proof of beneficial use to be filed, and will then be able to process your proof.

I will hold this matter for your response for fifteen (15) days from the date of this letter. I have enclosed the instructions for filing proof and the filing fee schedule.

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

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

SEP 04 2013

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 \$: _____
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.: 85-15743 Telephone No.: 208-746-94942. Name of Permit Holder(s): McCann Land Company, Gary Snyder3. Mailing Address: 1824 17th Avenue City: LewistonState: ID Zip: 83501 Email: _____4. Source of Water: Springs 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): 60 to 70 cow/calf pairsIrrigation (No. of acres): _____ Other: Fire Protection Storage6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 4.0 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: \$0 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: Mark Corrao Telephone Number: 208-310-6732Mailing Address: 233 E Palouse River Drive City: MoscowState: ID Zip: 83843 Email: mcorrao@nmi2.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: McCann Land Co. By: Gary Snyder, Pres. Date: 8/30/13
(Include your title, if on behalf of company or organization)

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