



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

August 2, 2013

THEO LEAVELL
GARY W LEAVELL
7140 W DICKMAN RD
MELBA ID 83641

PROOF DEFICIENCY LETTER

RE: Permit No. 63-12241

Dear Permit Holder(s):

Enclosed is a copy of the Proof of Beneficial Use ("proof") form you filed with the Department on July 26, 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 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 an examination fee.

The permit was issued with a maximum diversion rate of .20 cfs, from groundwater. Based on your maximum diversion rate of .20 cfs, 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,

A handwritten signature in black ink, appearing to read 'Darla Block'.

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUL 30 2013

DEPARTMENT OF
WATER RESOURCES

STATE 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.: 63-12241 Telephone No.: 208-880 3350

2. Name of Permit Holder(s): Gary W & Theo Leavell

3. Mailing Address: 7140 W Dickman Rd. City: Melba

State: Id Zip: 83641 Email: GWLeavell@gmail.com

4. Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. Sept. yr. 2012

Well Driller: Hiddleston Drilling Permit Number: 915 892-864571

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 1 Stockwater (No. and type of stock): 10

Irrigation (No. of acres): 7 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 200 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: \$ NA 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: Gary Leavell Telephone Number: 208 880 3350

Mailing Address: 7140 W Dickman Rd City: Melba

State: Id Zip: 83641 Email: GWLeavell@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:

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

Date: 7-26-13

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