



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
Interim Director

May 25, 2012

TED K TRACY
JASON TRACY
PO BOX 197
ALMO, ID 83312

PROOF DEFICIENCY LETTER

RE: Permit No. 43-13664

Dear Permit Holder(s):

The Department has received your Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department cannot accept the form you filed because of incomplete or missing information. Question no. 5 of the proof form is incomplete. I am returning the original form to you and ask that you complete the form and return it to my attention.

To provide you with information regarding the permitted water uses, enclosed is a copy of the permit for your reference. Please complete the form to provide the Department with information about your completed development.

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,

A handwritten signature in black ink that reads "Darla Block". The signature is fluid and cursive, with the first name "Darla" and the last name "Block" clearly distinguishable.

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosures

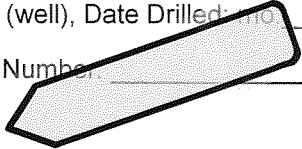
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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 50-
Receipt No. 5032541
Receipt By: J. Cooper
Date Received: 5.4.2012

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. 43-13664 Telephone No. _____
2. Name of Permit Holder(s): Ted k Tracy + Jason Tracy
3. Mailing Address: 826 E 3000 S P.O. 197 City Almo
State Id Zip 83312 Email: _____
4. Source of Water: Spring If **GROUND WATER** (well), Date Drilled: _____ / 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: _____
6. Total rate of diversion or storage volume for which proof is submitted: .06 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 ☒
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 ☒

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: Ted Tracy Telephone Number: 430-5503
Mailing Address: 826 E 3000 S P.O. Box 197 City Almo
State Id Zip 83312 Email: _____

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: Ted Tracy Date: 5-2-2012
(include your title, if on behalf of company or organization)