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STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION

MAR 08 2012

FOR OFFICE USE ONLY

Amt. of Fee \$: 100.00Receipt No. NO 29047Receipt By: 5Date Received: 3/5/12

The Idaho Department of Water Resources hereby certifies that the following 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.: 95-13815 Telephone No.: 208 660-2560
- Name of Permit Holder(s): HAPPY VALLEY WATER SYSTEM INC
- Mailing Address: POB 2306 City: HAYDEN LK
State: Id Zip: 83835 Email: _____
- Source of Water: Ground water If **GROUND WATER** (well), Date Drilled: mo. 8 / yr. 1980
Well Driller: BRAND X Drilling Permit Number: 95-79-N-74-1
- 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: MUNICIPAL
- Total rate of diversion or storage volume for which proof is submitted: 0.62 cfs OR 50.4 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.

DER - PWS ID 128022

Completed?

Yes ☒	No ☐
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- Fee Enclosed: \$ 100.00 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: KEN RICKEL Telephone Number: 208-660-2560
Mailing Address: POB 2306 City: HAYDEN LK
State: Id Zip: 83835 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:

Ken RickelDate: 3-5-12

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

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

Waiver Evaluation 2008

PWS 7 Digit Number: ID1280220	PWS Name: Happy Valley Water System	Source: ☒ GW ☐ SW/GWUDI Well 1
VOCs (Volatile Organic Compounds)		
☒ Approved. GW Waiver Renewal Due: 2013 SW Waiver Renewal Due: 2005, 2008		Monitoring Due: ☒ Ground Water: ☐ one sample due every 3 years OR ☒ one sample due every 6 years ☐ Surface Water—no samples due between 2008-2010 (3 years)
☐ Denied: *Denial Code(s): _____		Monitoring Due: ☐ Ground Water— one sample every 3 years (2002-2004, 2005-2007, 2008-2010) ☐ Surface Water—one sample due annually.
SOCs (Synthetic Organic Compounds)		
☒ Approved: ☒ USE ☐ VULNERABILITY Waiver Renewal Due: every 3 years		Monitoring Due: No samples due ☐ 2002-2004 ☐ 2005-2007 ☒ 2008-2010
Denied for: ☐ All SOC's ☐ Circled SOC's *Denial Code(s): _____		Monitoring Due: ☐ >3,300 persons served → 2 quarterly samples within 1 year; due every 3 years (2002-2004, 2005-2007, 2008-2010) ☐ ≤ 3,300 persons served → one sample every 3 years (2002-2004, 2005-2007, 2008-2010) ☐ Other:
EDB, DBCP Endothall, Diquat Glyphosate Carbamates: (arbofuran, Oxamyl) Herbicides: Dalapon, Picloram, Dinoseb, 2,4-D, 2,4,5-TP (Silvex) Pentachlorophenol Semi-Volatiles: Endrin, Lindane, Methoxychlor, Toxaphene, Di (2-ethylhexyl)adipate, Simazine, Di (2-ethylhexyl)phthalate, Hexachlorocyclopentadiene, Atrazine, Alachlor, Heptachlor, Heptachlor epoxide, Hexachlorobenzene, Benzo[a]pyrene, PCBs, Chlordane		
SOC: DIOXIN		
☒ Approved. Waiver Renewal Due: every 3 years		Monitoring Due: No monitoring is required.
☐ Denied: *Denial Code(s): _____		Monitoring Due: ☐ One sample every 3 years

*Denial Codes :

- | | |
|--|---|
| 1. Insufficient information | 5. Results not reliably & consistently below trigger or MCL |
| 2. Insufficient monitoring history or failure to monitor | 6. Delinquent drinking water fees (over 180 days) |
| 3. Excessive level of contamination | 7. Sanitary defects exist that may pose contamination risk |
| 4. High risk/vulnerable location | 8. Other |

TO BE FILLED OUT BY AUTHORIZED DEQ OR HEALTH DISTRICT PERSONNEL USE ONE FORM PER SOURCE.

- Application and agreement are complete & signed? ☒ yes ☐ no (send letter)
- Drinking water fees are current? ☒ yes ☐ no (over 180 days delinquent—send letter)
- Print s-1 report(s) from the SDWIS Reporting Tools menu to review the systems monitoring history.
- Highlight any chemicals on the report that do not meet the monitoring requirements for frequency or for detection/MCLs.
- On this form, cross out any waiver category for which the system has not applied.
- Use the Source Water Assessment Report to help determine vulnerability.
- Transfer information to front of this form, sign & date. (Health districts forward recommendation to DEQ regional office.)
- Create sample frequency in SDWIS and attach to sampling point.



SIGNATURE OF EVALUATING OFFICIAL



DATE OF EVALUATION