



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 • Web Site: www.idwr.idaho.gov

March 14, 2012

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

HAPPY VALLEY WATER SYSTEM INC
PO BOX 2306
HAYDEN, ID 83835

PROOF DEFICIENCY LETTER

RE: Permit No. 95-13815

Dear Permit Holder:

The Department has received a Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department is unable to process the proof filed in the names of Ken and Cathy Rickel. The owner of record for this permit is currently Happy Valley Water System Inc with the same address and phone number as Ken and Cathy Rickel.

I am returning to you the original proof statement, and ask that you revise the form to reflect the correct permit holder name. Enclosed is a copy of this permit for your reference. Please return the revised proof form to me within 15-days from the date of this letter. I will be able to move forward with processing your proof upon receipt of a proof statement showing the correct permit holder name.

If you have any questions, please feel free to contact me at 208-287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure

RECEIVED

MAR 05 2012

IDWR / NORTH

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

RECEIVED

MAR 08 2012

FOR OFFICE USE ONLY	
Amt. of Fee \$:	100.00
Receipt No.	N029047
Receipt By:	CS
Date Received:	3/5/12

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.: 95-13815 Telephone No.: 208 660-2560
- Name of Permit Holder(s): KEN & CATHY RICKEL
- 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: 95-79-11-74-1
- 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?

If yes, has the measuring device been installed?

Yes ☐	No ☒
Yes ☐	No ☒

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

If yes, has the lockable device been installed?

Yes ☐	No ☒
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.

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~~ 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 Rickel

Date: 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