



**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](http://www.idwr.idaho.gov)

February 6, 2012

C. L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Interim Director

MICRON TECHNOLOGY INC  
PO BOX 6  
BOISE, ID 83706

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 63-31183**

Dear Permit Holder(s):

The department acknowledges receipt of the proof of beneficial use form, and beneficial use field report submitted for the above referenced permit. The next step in the process is for the department to review the file for issuance of a water right license.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

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

Enclosure(s)

cc: SPF WATER ENGINEERING  
C/O TERRY SCANLAN

RECEIVED

JAN 31 2012

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](http://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.: 63-31183 Telephone No.: 208-368-4000

2. Name of Permit Holder(s): Micron Technology, Inc.

3. Mailing Address: P.O. Box 6 City: Boise

State: Idaho Zip: 83707 Email: rlmurray@micron.com

4. Source of Water: ground water If **GROUND WATER** (well), Date Drilled: mo. \_\_\_\_\_ / yr. \_\_\_\_\_

Well Driller: Stevens and Sons, Hiddleston Drilling Permit Number: multiple, see field examination

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): 39.8 Other: Industrial

6. Total rate of diversion or storage volume for which proof is submitted: 9.13 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?

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.

\_\_\_\_\_ 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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ 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: FACILITIES MANAGER, Mat E. Jones Date: 1-30-12  
(Include your title, if on behalf of company or organization)

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