



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)

November 22, 2011

C. L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Interim Director

CONCORD HOMEOWNERS ASSN INC  
1715 W BANNOCK ST  
BOISE ID 83702

**PROOF DEFICIENCY LETTER**

**RE: Permit No. 63-33395**

Dear Permit Holder:

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 nos. 5 and 6 of the proof form are incomplete. I am returning the original form to you and ask that you complete the form and return it to me.

To provide you with information regarding the permitted water uses and rate of diversion 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,

Darla Block  
Technical Records Specialist  
Water Allocation Bureau

Enclosures

RECEIVED

NOV 15 2011

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 \$: 50-  
Receipt No. 6094256  
Receipt By: SRF  
Date Received: 11-15-2011

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.

- Permit No.: 63-33395 Telephone No.: 208-387-0004
- Name of Permit Holder(s): CONCORD COMMONS HOMEOWNERS ASSN, INC
- Mailing Address: 1715 W. BANNOCK ST City: BOISE  
State: ID Zip: 83702 Email: rcaillies@mindspring.com
- Source of Water: GROUND WATER If GROUND WATER (well), Date Drilled: mo. 4 / yr. 11  
Well Driller: WATER PRO Drilling Permit Number: 912203860853
- 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): 71 Other: \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted: \_\_\_\_\_ cfs OR \_\_\_\_\_ 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 ☒

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: \$ 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 accompany the Department representative during field examination of the water system.

Name: RAUSY CALLIES Telephone Number: 208-919-3989Mailing Address: 1715 W. BANNOCK ST City: BOISEState: ID Zip: 83702 Email: rcaillies@mindspring.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: Rcaillies for Concord HOA Date: 11/14/11  
(Include your title, if on behalf of company or organization)

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