



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

May 4, 2011

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

SHARON HARE
3815 E BRIDGEVIEW DR
HARRISON, ID 83833

PROOF DEFICIENCY LETTER

RE: Permit No. 95-11903

Dear Permit Holder:

Enclosed is a copy of the Proof of Beneficial Use ("proof") form you filed with the department on May 3, 2011. This letter is to inform you that the license examination fee was not paid at the time of filing the proof form. The license examination fee is based on the maximum rate of diversion that was developed, and is for the department to conduct a beneficial use field examination of the water system to verify its use. Your proof statement cannot be accepted without the exam fee.

The permit was issued with a maximum diversion of 0.04 cfs, from **surface water**. Based on your maximum diversion rate of 0.04 cfs, the filing fee is \$50.00. Please submit the license examination fee required. The department will be able to process your proof of beneficial use upon receipt of the appropriate exam fee.

I will hold this matter for your response for fifteen (15) days from the date of this letter. I have enclosed the license examination fee schedule for your use.

If you have any questions, please contact me at (208) 287-4945.

Sincerely,

A handwritten signature in black ink that reads "Darla Block". The signature is written in a cursive, flowing style with a large, prominent 'D' at the beginning.

Darla Block
Technical Records Specialist

Enclosure

RECEIVED

MAY 03 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 \$: _____
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 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.: 95-11903 Telephone No.: 208 765-1003
2. Name of Permit Holder(s): Sharon Hare
3. Mailing Address: 3815 E Bridgeview Dr City: Harrison
State: Id Zip: 83833 Email: _____
4. Source of Water: Odlum Lake If **GROUND WATER** (well), Date Drilled: mo. _____ / 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: Domestic

6. Total rate of diversion or storage volume for which proof is submitted:
- 0.04
- 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 ☒
If yes, has the measuring device been installed? 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: \$
- ~~_____~~
- 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: Sharon Hare Telephone Number: 208 765-1003
Mailing Address: 3815 E Bridgeview Dr City: Harrison
State: Id Zip: 83833 Email: Sharon.Bill@Hotmail.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: Sharon J Hare Date: 4-29-2011
(Include your title, if on behalf of company or organization)

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