



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

December 10, 2010

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

PALISADES CREEK LLC
C/O HOLDEN KIDWELL HAHN & CRAPO PLLC
PO BOX 50130
IDAHO FALLS, ID 83405-0130

PROOF DEFICIENCY LETTER

RE: Permit No. 23-11341

Dear Permit Holder:

The Department has received two (2) Statements of Completion for proof of beneficial use ("proof") filed for the above referenced water permit. However, the Department is unable to process either proof statement that was filed in the name of Palisades Bench LLC dba Palisades Bench Homeowners Assoc. Also, the signature on the bottom of the proof statement must be the signature of the permit holder of record, or a person having written legal authority to sign on behalf of the permit holder, i.e., president or manager of the corporation.

The owner of record for this permit is currently Palisades Creek LLC, at the following address: C/O Holden Kidwell Hahn & Crapo PLLC, PO Box 50130 Idaho Falls ID 83405-0130. If you are no longer the owner of the property, or if your corporation name has changed from Palisades Creek LLC, an Assignment of Permit will be required to complete the ownership change. Enclosed is an Assignment form for your use. The fee for filing an Assignment of Permit is \$25.00.

I am returning both proof statements you submitted as only one proof statement is required. If you need to make any changes to your proof please do so, and return only one proof statement. I am also enclosing a copy of this permit for your reference.

I will hold this matter for **15-days** from the date of this letter to wait for your response. If you have any questions, please feel free to contact me at 208-287-4945.

Sincerely,

Darla Block
Technical Records Specialist

Enclosures

cc: Palisades Bench LLC dba Palisades Bench Homeowners Assoc.
PO Box 20745
Boulder Co 80308

RECEIVED

NOV 18 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 100.00
Receipt No. EC 36266
Receipt By: JS
Date Received: 11-12-10

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.: 23-11341 Telephone No.: 1-303-862-8973
- Name of Permit Holder(s): Palisades Bench LLC dba PALISADES BENCH ANNEOWNERS ASSOC.
- Mailing Address: P.O. Box 80308 20745 City: Boulder
State: CO Zip: 80308 Email: _____
- Source of Water: GROUNDWATER If GROUND WATER (well), Date Drilled: mo. NOV / yr. 2007
Well Driller: ANONY WEL DRAINS Drilling Permit Number: 00049240
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 28 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.5 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.
ISED LETTER APPROVING SYSTEM FOR OPERATION Completed? Yes ☒ No ☐
- 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.

- Person to contact to accompany the Department representative during field examination of the water system.
Name: Rance Bare P.E. Telephone Number: 208-524-1790
Mailing Address: 1445 Scorpions Dr. City: Idaho Falls
State: ID Zip: 83402 Email: CRISIS18@AOL.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: Rance Bare P.E. Date: 11/12/10
(Include your title, if on behalf of company or organization)

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

RECEIVED

NOV 18 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION

DEPARTMENT OF WATER RESOURCES FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 100.00
Receipt No. EO 3162160
Receipt By: JK
Date Received: 11-12-10

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.: 23-11341 Telephone No.: 1-303-862-8973
- Name of Permit Holder(s): PALISADES BENCH LLC dba PALISADES BENCH HOMEOWNERS ASSOC.
- Mailing Address: PO Box 20745 City: BOULDER
State: CO. Zip: 80303 Email: _____
- Source of Water: GROUNDWATER If GROUND WATER (well), Date Drilled: mo. SEPT / yr. 2007
Well Driller: ANDREW WEIL DRILLING Drilling Permit Number: D0048962
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 28 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.10 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.
INREQ LETTER APPROVING SYSTEM FOR OPERATION Completed? Yes ☒ No ☐
- 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.
- Person to contact to accompany the Department representative during field examination of the water system.
Name: Rance Bare P.E. Telephone Number: 208-524-1790
Mailing Address: 1445 SCORPIONS DRIVE City: IDAHO FALLS,
State: ID. Zip: 83402 Email: ORISIS18@AOL.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: Rance Bare P.E. Date: 11/12/10
(Include your title, if on behalf of company or organization)

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



STATE OF IDAHO
DEPARTMENT OF
ENVIRONMENTAL QUALITY

900 North Skyline Drive, Suite B • Idaho Falls, Idaho 83402 • (208) 528-2650

C.L. "Butch" Otter, Governor
Toni Hardesty, Director

November 4, 2010

Mr. Rance Bare, PE
1445 Scorpis Drive
Idaho Falls, ID 83402

Palisades Bench Water System Compliance Status, DEQ # 07-25-10.

Dear Mr. Bare:

This letter is to confirm yesterday's final inspection findings of the Palisades Bench Water System with you, Tom Rackow and me.

DEQ finds the construction of the water system to be in compliance with the Idaho Rules for Public Drinking Water Systems (IDAPA 58.01.08). Water quality of water supply system is in compliance with the Idaho drinking water standards and Idaho Rules for Public Drinking Water Systems.

The water system is hereby approved to provide water service to water users. Please notify this office when the water system will provide service to 15 connections.

If you have any questions, please call me at (208) 528-2650. Please reference DEQ No. 07-25-10 when submitting any future correspondence related to this project.

Sincerely,

A handwritten signature in cursive script that reads "Greg Eager".

Greg Eager, P.E.
Engineer Manager
Idaho Falls Regional Office

C: Jeff Saunders, Palisades Bench Water System
Tom Rackow, DEQ

2010AGD4730