



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

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

October 28, 2010

CITY OF HOMEDALE
31 W WYOMING AVE
PO BOX 757
HOMEDALE, ID 83628

PROOF DEFICIENCY LETTER

RE: Permit No. 57-11752

Dear Permit Holder:

During my review of your statement of completion ("proof") for this water right, I noticed that the proof form you submitted is incomplete. Your proof statement cannot be accepted without your signature and date.

Enclosed is the original Statement of Completion ("proof") form you filed. I am returning it to you and request that you provide a signature authorized to sign on behalf of the City of Homedale, and a date on the bottom of the form. Upon receipt of a completed proof statement I will acknowledge its receipt.

I will hold this matter for your response for fifteen (15) days from the date of this letter.

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

Sincerely,

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosure(s)

RECEIVED

OCT 15 2010

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 \$:	100
Receipt No.	091961
Receipt By:	SR
Date Received:	10/15/2010

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.: 57-11752 Telephone No.: 208-337-3581

2. Name of Permit Holder(s): City of Homedale

3. Mailing Address: 31 W. Wyoming Ave City: Homedale

State: ID Zip: 83628 Email: cityofhomedale@cableone.net

4. Source of Water: Ground-Water If GROUND WATER (well), Date Drilled: mo. May / yr. 2009

Well Driller: Stevens & Sons Drilling Permit Number: 907669-855629

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: Municipal

6. Total rate of diversion or storage volume for which proof is submitted: 0.56 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.

See attached permit w/ conditions 1-9

Completed? Yes ☒ No ☐

8. 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.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Larry Bauer Telephone Number: 208-880-2719

Mailing Address: 31 W. Wyoming Ave City: Homedale

State: ID Zip: 83628 Email: cityofhomedale@cableone.net

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: _____ Date: _____
(Include your title, if on behalf of company or organization)

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