



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

January 25, 2010

RICHARD L BULLOCK
PO BOX 45
PRIEST RIVER, ID 83856

PROOF DEFICIENCY LETTER

RE: PERMIT NO. 97-7487

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. More specifically parts 6, 7, and 8 of this form have not been filled out. I also noticed that the license examination fee was not paid at the time of filing proof. 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 license exam fee, and a completed proof statement. The permit was issued with a maximum diversion rate of .04 cfs, from surface water. Based on your maximum diversion rate the exam fee due is \$50.00.

I am returning the original Statement of Completion ("proof") form you filed, and request that you fill out parts 6, 7, and 8 of the form to reflect what was permitted. Upon receipt of a completed proof statement and the license examination fee I will acknowledge its receipt. The completed proof statement and exam fee must be received in our office on or before the proof due deadline of December 01, 2010.

I have enclosed the instructions for filing proof and the license examination fee schedule, along with a copy of the permit for your reference. 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

Enclosure(s)

RECEIVED
DEC 18 2009

COPY

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

DEC 21 2009

FOR OFFICE USE ONLY

Amt. of Fee \$: _____

Receipt No. _____

Receipt By: _____

Date Received: _____

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

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. 97-7487 Telephone No. 208-448-34092. Name of Permit Holder(s): RICHARD L. BULLOCK3. Mailing Address: P.O. Box 45 City PRIEST RIVERState ID Zip 83856 Email: DBULLOCK@STARBAND.NET4. Source of Water: SPRING 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): 1 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR _____ acre-feet.

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: (Refer to the approval conditions on your permit and respond accordingly.)

Measuring Device: Is a measuring device required?
If yes, has the measuring device been installed?Yes ☐ or No ☐Yes ☐ or No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

Completed?

Yes ☐ or No ☐

Completed?

Yes ☐ or 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: RICHARD BULLOCK Telephone Number: 208-448-3409Mailing Address: P.O. Box 45 City PRIEST RIVERState ID Zip 83856 Email: DBULLOCK@STARBAND.NET

10. 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: R. Bullock
(include your title, if on behalf of company or organization)Date: 12/17/09