



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 15, 2010

TOM HUNTER
1575 CROOKED CREEK
ALTA WY 83414

PROOF DEFICIENCY LETTER

RE: PERMIT NO. 22-13306

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.

In addition, your proof statement lists the number of domestic households as 140. Your permit is limited to domestic use for 97 homes under condition no.5 of your permit. The proof submitted lists your total rate of diversion as 0.50 cfs. The maximum diversion rate allowed under this permit is 1.42 cfs. The license examination fee for this diversion amount is \$125.00. If this is the amount being diverted, an additional \$25.00 is required.

Enclosed is a copy of the permit and the license examination fee schedule for your reference. If you are diverting more water than was stated on your proof form, your license will be limited to the amount of water you are using at the time of license examination. Also, a license shall not be issued for an amount of water in excess of the amount covered by the examination fee.

Enclosed is the original Statement of Completion ("proof") form you filed. I am returning it to you and request that you sign and date the bottom of the form and make any corrections that you feel need to be made. Upon receipt of a completed proof statement I will acknowledge its receipt.

As stated in the Lapse Notice the Department sent you on December 8, 2009, your permit may be reinstated if you submit an acceptable proof of beneficial use within sixty (60) days of the mailing of that notice. The (60) day deadline from the date of that letter is February 8, 2010. Please return your proof statement before that date, or you will lose your priority date and two additional forms of evidence will be required in order to reinstate your permit.

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)
cc: AW ENGINEERING

RECEIVED

JAN 13 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. 089844
Receipt By: S.R.
Date Received: 1-13-2010

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.

- Permit No. 22-13306 Telephone No. 208-353-2236
- Name of Permit Holder(s): Tom Hunter
- Mailing Address: 1575 Crooked Creek City Alta
State WYO Zip 83414 Email: hunter@tetonbuilders.com
- Source of Water: Ground Water If GROUND WATER (well), Date Drilled: mo. 12/22 / yr. 2004
Well Driller: Denning Drilling Drilling Permit Number: 34947
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 140 Stockwater (No. and type of stock): None
Irrigation (No. of acres): 40 ac Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.50 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: \$ 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: Tom Hunter Telephone Number: 208-353-2236
Mailing Address: 1575 Crooked Creek City Alta
State WYO Zip 83414 Email: hunter@tetonbuilders.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: [Signature] Date: _____
(include your title, if on behalf of company or organization)