



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

December 11, 2009

GROVELAND WATER & SEWER DIST
PO BOX 833
BLACKFOOT ID 83221

RE: Water Right Permit No. 35-13917

Dear Permit Holders:

The Department has received your Statement of Completion for proof of beneficial use ("proof") filed for the above referenced water right. However, the Department is unable to process your proof statement until condition no. 12 of this permit has been complied with. Condition no. 12 of the permit states, "Prior to any diversion and use of water under this water right, the right holder shall (1) provide evidence of participation in a mitigation plan, approved by the director, and administered by a ground water district or other recognized organization, or (2) provide individual mitigation approved by the director." This condition is a requirement which should have been met before diverting water.

Condition no. 6 of this permit requires the installation of a lockable device in the manner that will provide the watermaster suitable control of the diversion. I would also like to draw your attention to condition no. 13 of this permit regarding noncompliance with any condition of this right. To provide you with information regarding these permit conditions enclosed is a copy of the permit for your reference.

Your proof due date is October 01, 2010. I am returning the original form to you and ask that you re file this form before the proof due date along with all evidence of a mitigation plan. A copy of your proof statement will be kept in your file along with a copy of this letter.

Please contact me at (208) 287-4945, if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Darla Block". The signature is written in a cursive, flowing style.

Darla Block
Technical Records Specialist
Water Allocation Bureau

Enclosures

RECEIVED

NOV 09 2009

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. 089584
Receipt By: SBT
Date Received: 11-9-2009

COPY

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner. If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 35-13917 Telephone No. _____
2. Name of Permit Holder(s): GROVELAND WATER & SEWER DISTRICT
3. Mailing Address: PO Box 833 City BLACKFOOT
State ID Zip 83221 Email: APPLES@ONEWEST.NET
4. Source of Water: WELL If **GROUND WATER** (well), Date Drilled: mo. 6 / yr. 1965
Well Driller: JACK CUSHMAN DRILLING Drilling Permit Number: 94
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 42 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 42 1/2 ACRES Other: SEE PERMIT 35-13918
6. Total rate of diversion or storage volume for which proof is submitted: 48 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: \$ 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: CLEM YANCEY Telephone Number: 208-785-4902

Mailing Address: 375 W 150 N City BLACKFOOT

State ID Zip 83221 Email: APPLES@ONEWEST.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: Clem Yancey - Board member Date: 10.11.09
(include your title, if on behalf of company or organization)