



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

DAVID R. TUTTILL, JR.
Director

August 22, 2008

MARK DANIELS
SPACE ACRES WATER USERS
12566 N NEPTUNE ST
POCATELLO ID 83202

Re: Permit No. 29-13555

Dear Mr. Daniels:

The department received a Proof of Beneficial Use ("proof") for the referenced water right permit on July 31, 2008, with a \$100.00 license exam fee. During my review of your proof, I found that it does not match the uses authorized by the department. Therefore, enclosed with this letter is a copy of the Permit to Appropriate Water ("permit"), and the original proof you filed with the department.

According to the permit you are authorized to develop a maximum diversion rate of 0.08 cfs for domestic use for 2 homes which includes ½ acre or less of irrigation associated with each home. A decreed water right in the name of Space Acres Water Users, no. 29-7142, covers 11 homes with irrigation for each home. Therefore, filing proof at this time should only refer to what permit no. 29-13555 authorizes you to develop.

I have enclosed a blank proof form for your use in submitting an amended proof. Please return the amended proof to my attention within 10-days using the enclosed self-addressed, postage paid envelope. Upon receipt of the amended proof form, I will refund you \$50.00 of the \$100.00 fee you paid, that appears to be based on a combined diversion rate of both the permit and the decreed water right.

Contact me at (208) 287-4942, if you have any questions.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

RECEIVED

JUL 31 2008

DEPARTMENT OF
WATER RESOURCESSTATE 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. 00013555
Receipt By: NA
Date Received: 7/29/08

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. 29-13555 Telephone No. 208-237-5806
2. Name of Permit Holder(s): SPACE ACRES WATER ASSOC (MARK DANIELS)
3. Mailing Address: 12550 N. NEPTUNE City POCATELLO
State ID Zip 83202 Email: danielsk@cableone.net
4. Source of Water: North Well/Southwell If GROUND WATER (well), Date Drilled: mo. July / yr. 1973
Well Driller: JACK CUCHMAN'S WELL DRILLING Drilling Permit Number: No permit required at that time
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 13 Stockwater (No. and type of stock): 6-8/horses 2/cows
Irrigation (No. of acres): 26 Other: N/A
6. Total rate of diversion or storage volume for which proof is submitted: 0.62 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. (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: MARK DANIELS Telephone Number: 208-237-5806
Mailing Address: 12550 N. NEPTUNE City POCATELLO
State ID Zip 83202 Email: danielsk@cableone.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:

Operator/President M.D.S.
(Include your title, if on behalf of company or organization)

Date:

7-29-08

Idaho Department of Water Resources Receipt

Receipt ID: C087356

Payment Amount \$100.00 Date Received 7/31/08 2:28 Region STATE
Payment Type Check Check Number 633
Payer SPACE ACRES WATER ASSOCIATION

Comments Statement of Completion: 29-13555

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$100.00	BENEFICIAL USE	0229	21	56104	1155



Signature Line (Department Representative)