



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. TUTHILL, JR.
Director

August 25, 2008

BLAINE PRICE
6555 N OLD HWY 191
MALAD ID 83252

RE: PERMIT NO. 15-7187

Dear Mr. Price:

The department acknowledges receipt of the Proof of Beneficial Use ("proof") form and the \$25.00 filing fee you filed. However, the fee you paid is not appropriate based on the information you gave in your proof and the Department's fees for licensing examination purposes.

According to your proof statement, you are diverting 350 gallons of water for the irrigation of 200 acres. The department bases its license examination fee on the rate of diversion in cubic feet per second ("cfs"), or as acre feet for a pond or reservoir. A diversion of 350 gallons per minute equates to approximately 0.78 cfs, which the filing fee would be \$100.00. I am enclosing a card "Water Conversion Factors" that will provide you with information that may assist you in determining the rate of diversion you have developed. In order to calculate the correct filing fee I am enclosing another proof form with its instructions and filing fee schedule. It is important that you submit the correct fee in order to obtain a license for the full amount you have developed.

I will hold this matter for 15-days from the date of this letter for receipt of the balance of the filing fee. If the remaining amount of the filing fee is not received on or before this deadline, the permit will begin to lose one day of priority for every day the fee is late, according to Section 42-217, Idaho Code. If the fee is not paid the permit may be lapsed, according to Section 42-218a, Idaho Code.

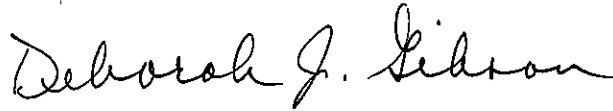
Secondly, you filed a faxed copy of the signed proof document. The Department hereby requests the original proof be submitted for our records.

I have updated our database with your current address as reflected above. Be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office or at the department's website at: www.idwr.idaho.gov

Mr. Price
August 25, 2008
Page 2

Upon resolution of this matter and acceptance of your proof, a field examination will be conducted to determine the accurate rate of diversion for the purpose of licensing this water right. If you have questions, please contact me at (208) 287-4942, or the regional office in Idaho Falls at (208) 525-7161.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson".

Deborah J. Gibson
Administrative Assistant
Water Management Division

Enclosures

RECEIVED

AUG 01 2008

STATE OF IDAHO DEPARTMENT OF
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$ 25.00
Receipt No. 00813100
Receipt By: OK
Date Received: 8/1/08

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. 15-7187 Telephone No. 208-766-5200

2. Name of Permit Holder(s): Blaine Price

3. Mailing Address: 6555 N. Old Hwy 91 City Malad
State Id. Zip 83252 Email: LAZY-E@atcnwt.net

4. Source of Water: well If GROUND WATER (well), Date Drilled: mo. MAY / yr. 2001

Well Driller: Vollmer Well Drilling Drilling Permit Number: Tag # D0014895
15-07187

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): 200 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 350 gpm 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: \$ 25.00 (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: Blaine Price Telephone Number: 766-5200

Mailing Address: 6555 N. Old Hwy 91 City Malad

State Id. Zip 83252 Email: LAZY-E@atcnwt.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: [Signature] Date: July 31, 2008
(include your title, if on behalf of company or organization)

Idaho Department of Water Resources Receipt

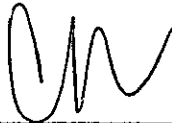
Receipt ID: C087360

Payment Amount	\$25.00	Date Received	8/1/08 2:21	Region	STATE
Payment Type	Check	Check Number	130		
Payer	PRICE JOANN				

Comments Statement of Completion: 15-7187

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$25.00	BENEFICIAL USE	0229	21	56104	1155



Signature Line (Department Representative)