



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.
Interim Director

June 13, 2007

ED SQUIRES
HYDRO LOGIC INC
1002 W FRANKLIN ST
BOISE ID 83702

RE: Permit No. 63-31283, in the name of the City of Caldwell

Dear Ed,

Enclosed is the original Proof of Beneficial Use form ("proof") you filed with the Department on November 1, 2006. It was my understanding that the proof was intended to be for permit no. 63-31283, according to your cover letter of the same date. However, upon receipt of the Beneficial Use Field Report and my review of this file, I realized that the proof was not for the referenced permit.

I have enclosed a blank proof form for your use in completing and filing with the Department. Please complete the form and return it to my attention at the above address. I can accept proof without affecting the priority date of this permit, and base reinstatement on Department error. I understand that you will be checking your files for a proof form for 63-31283 and submit it to the department by Friday, June 15, 2007.

However, my concern and the reason for this letter is that this permit lapsed on November 1, 2006 and I will issue a lapse notice to the permit holder if this matter is unresolved by Monday, **June 18, 2007**.

I suggest that the enclosed proof for permit no. 63-31550, should be filed with the Department on or before January 1, 2008.

Thank you for your assistance in this matter. If you have any questions, please contact me at (208) 287-4942.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Encl.

see: via email to: (hydrologic@qwest.net)

RECEIVED

NOV 01 2006

FOR OFFICE USE ONLY
Amt. Of Fee \$: 200.00
Receipt No. 082524
Receipt By: AMB
Date Received: 11-01-06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

★ Please direct inquiries to Ed Squires at 342-8369.

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 63 - 31550 Telephone No. (208) 455-3006

2. Name(s) of Permit Holder(s): The City of Caldwell, Idaho

3. Mailing Address: 621 Cleveland Blvd., Caldwell, Idaho 83605

4. Source of Water: Groundwater (Well #17) If GROUNDWATER (well), Date Drilled: mo. 8 /yr. 2003

a. Well Driller: Treasure Valley Drilling & Pump, Inc. Drilling Permit Number: 803958

5. Use(s) (as authorized by the water right permit): * *Please refer to attached cover letter and field report*

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (no. of acres): _____ Other: Municipal

6. Total rate of diversion and / or volume for which proof is submitted: 4.9 cfs OR N/A acre feet

7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)

(This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device: Is a measuring device required? Yes _____ or No X

Has the measuring device been installed? Yes X or No _____

* *a measuring port has been provided*

Flow Measurement Port: Is a flow measurement port required? Yes _____ or No X

Has the measurement port been installed? Yes X or No _____

8. Fee Enclosed: \$ ~~N/A~~ 200.00 (See Fee Schedule on back of the instructions for the filing proof of beneficial use)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Field examination conducted by Ed Squires, Hydro Logic, Inc. Telephone Number: 342-8369

Address: 1002 W Franklin Street, Boise, ID 83702 (Certified Water Right Examiner No. 7-125)

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: [Signature] Date: April 17, 2006

COPY
Original returned
on 6/13/07 - dg

Idaho Department of Water Resources Receipt

Receipt ID C082524

Payment Amount \$200.00 Date Received 11/1/2006 12:58:11 PM Region State Status
Payment Type Check Check Number 4809

Payer HYDRO LOGIC INC

Comment 63-31550

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$200.00	BENEFICIAL USE	0229	21	56104	1155


Signature Line (Dept. Representative)