



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

May 21, 2007

HOPE HOUSE INC
ATTN DONNALEE VELICK
PO BOX 550
MARSING ID 83639

RE: LAPSED PERMIT NO. 57-11600

Dear Ms. Velick:

The department is in receipt of a Proof of Beneficial Use (proof) form for the above referenced permit. However, the department has not received the documents it requested in its letter to you dated April 12, 2007. This letter explained that because the above-referenced permit had lapsed and proof was received late, the Department required evidence of application of the beneficial use of the water, according to Section 42-218a(2), Idaho Code. Additionally, the letter notified you that I would hold this matter for 30-days to provide you time to file the evidence.

The 30-days have past, and I am returning your original Proof of Beneficial Use form, and with this letter requesting that the \$50.00 you paid be refunded to you.

Please note that this water right permit is lapsed and has no force or effect. I recommend that you contact the Western Regional Office in Boise (208) 334-2190, to apply for a new water right.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

Cc: IDWR Regional office
Fiscal

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 05 2005

PROOF OF BENEFICIAL USE

Department of Water Resources

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. 57-11600 Telephone No. 1-208-896-4673
2. Name of Permit Holder(s): Hope Hauase, Jr.
3. Mailing Address: P.O. Box 550
City Marsing State Id. Zip 83639
4. Source of Water: well If GROUNDWATER (well), Date Drilled: mo. 6-11-01 / yr. 6-12-01
Well Driller: SOS Drilling Permit Number: 18526
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): multiple Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .20 cfs OR _____ 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 _____
Has the measuring device been installed? Yes ☒ or No _____
8. Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Donna Lee Velvick Telephone Number: 1-208-896-4673
Address: 7696 Old Bureau Hwy. Marsing, Id. 83639 / P.O. Box 550 Marsing, Id. 83639
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. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder

Donna Lee Velvick, Administrator
(include your title, if on behalf of company or organization)

Date: 06/27/05

Idaho Department of Water Resources Receipt

Receipt ID C078471

Payment Amount \$50.00 Date Received 7/5/2005 3:39:14 PM Region State Status ☐
 Payment Type Check Check Number 6857

Payer HOPE HOUSE HOME FOR CHILDREN
 Comment BENEFICIAL USE FOR #57-11600

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$50.00	BENEFICIAL USE	0229	21	56104	1155


 Signature Line (Dept. Representative)