



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

May 02, 2025

HAROLD DELOY BAKER
KERIN BAKER
3755 W 800 S
WESTON ID 83286

PROOF DEFICIENCY LETTER

RE: Permit No. 13-8194

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form you submitted for the above referenced permit.

I am returning the form to you because information provided on the application is not sufficient or incomplete. Please address the following items on the form:

- The examination documentation submitted with the proof is for a water right owned by a different Permit Holder.

A \$50.00 license examination fee was not submitted with the proof form. This permit authorizes a diversion rate of 0.04 cfs (cubic feet per second) from a spring and was stated the same on the form requiring a license examination fee of \$50.00.

Please resubmit the proof form with a CWRE field report or the required \$50.00 fee at your earliest convenience before the proof due date of **June 01, 2025** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Julie Adams

Julie Adams
Technical Records Specialist 1

Enclosure(s)

RECEIVED
Incomplete
MAY 01 2025

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 \$ _____
Receipt No. _____
Received By _____
Date Received _____

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 13-8194 Name of Permit Holder(s) Harold DeLoe Baker and Kerin Baker
Telephone No. (435) 753 2408 Email angbaker88@hotmail.com
Mailing Address 3755 West 800 South City Weston State ID Zip 83286

2. Source of Water Spring If Ground Water (well), Date Drilled mo. _____ / yr. _____
Drilling Permit/Tag No. N/A Drilling Company's Name N/A

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) 1 Irrigation (No. acres) N/A Stockwater (No. and stock type) N/A
Other does not include lawn, garden, landscape, or other type of irrigation

4. Total diversion rate or volume (storage only) for which proof is submitted 0.04 cfs OR _____ af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
Water originates from a spring piped to a corrugated pipe which has a pump installed, which pump is shared with Water Right No. 13-8174 then piped to 2 homes (Jardeni home and Baker home). See attached photos taken by Christian J. Stewart from his field visit.

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- | | | |
|--------------------------|-------------------------------------|---|
| ☐ | ☒ | Ground water level data, pumping information, or other diversion data |
| ☐ | ☒ | Mitigation plan |
| ☐ | ☒ | Lockable controlling works |
| ☐ | ☒ | Measuring device |
| ☐ | ☒ | Fish screen |
| ☐ | ☒ | Other requirements of the water right permit |
| ☐ | ☒ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed: ☒ Yes (attach CWRE report) ☐ No

7. Fee Enclosed \$ _____ or ☐ CWRE field report attached or ☒ No fee required
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: *Examination already conducted by Christian J. Stewart Telephone No. _____ Email _____
Mailing Address _____ City _____ State _____ Zip _____

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 beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Harold & Baker
SIGNATURE OF PERMIT HOLDER*

Harold DeLoe Baker
Kerin Baker
PRINTED NAME AND TITLE

4/25/25
DATE

*Attach power of attorney if completing on behalf of permit holder.

Kerin H. Baker