



August 04, 2026

MICHAEL PROSPERI
DARLA PROSPERI
8927 W GREENWILLOW LN
EAGLE ID 83616-1401

PROOF DEFICIENCY LETTER

RE: Permit No. 63-35126

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:

- Your Proof states 'NA' for the *Total diversion rate or volume for which proof is submitted*. Please provide the total diversion rate that is being diverted from the well for irrigation and domestic use on item #4.
- There is no description of the diversion and delivery system. Please provide a description of the diversion and delivery system from the water source to the place of use on item #5.

Please resubmit the completed form at your earliest convenience before the proof due date of **January 01, 2027** 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
Technical Records Specialist 1

Enclosure(s)

STATE OF IDAHO RECEIVED
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION 2026
FOR SUBMITTING PROOF OF BENEFICIAL USE
DEPT. OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$ 50.00
Receipt No. C127570
Received By JA
Date Received 7/31/2026

COPY

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 an Assignment of Permit 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.

- Permit No. 63-35126 Name of Permit Holder(s) Michael & Darla Prosperi
Telephone No. (559) 474-1035 Email mprosperill@gmail.com
Mailing Address 8927 W. Greenwillow Lane City Eagle State ID Zip 83616
- Source of Water well / ground water If Ground Water (well), Date Drilled mo. Feb. / yr. 2022
Drilling Permit/Tag No. D0093976 Drilling Company's Name Pearson Well Drilling Inc.
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. households) 2 Irrigation (No. acres) 5 Stockwater (No. and stock type) 5-sheep
4-cattle
Other _____
- Total diversion rate or volume (storage only) for which proof is submitted N/A cfs OR N/A 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.
- Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)
N/A

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 \$ 50.00 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: Michael Prosperi Telephone No. (559) 474-1035 Email mprosperill@gmail.com
Mailing Address 8927 W. Greenwillow Lane City Eagle State ID Zip 83616

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.

Michael Prosperi
SIGNATURE OF PERMIT HOLDER*

Michael Prosperi / owner
PRINTED NAME AND TITLE

7/27/2026
DATE

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