

RECEIVED

JUN 14 2021

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

## FOR OFFICE USE ONLY

 Amt. of Fee \$ 175.00  
 Receipt No. C110519  
 Received By KA  
 Date Received 6-14-21

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use 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.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at [idwr.idaho.gov](http://idwr.idaho.gov) for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No. 63-34682 Telephone No. 208-919-1446
2. Name of Permit Holder(s) JEFF DANCER
3. Mailing Address 411 E KARLHER RD City NAMPA  
 State ID Zip 83687 Email jeff.dancer@dasco.idaho.com
4. Source of Water DIXIE SLOUGH If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
 Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_
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) 9.0 Other WILDLIFE, WILDLIFE STORAGE, RECREATION, RECREATION STORAGE
6. Total rate of diversion or storage volume for which proof is submitted 1.35 cfs OR 330.0 acre-feet.
7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:  
 Refer to the approval conditions on your permit and respond accordingly.  
**The Department will not issue a license if permit conditions are not met.**
- |                             |                                                         |                                         |                                        |
|-----------------------------|---------------------------------------------------------|-----------------------------------------|----------------------------------------|
| Measuring Device            | Is a measuring device required?                         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | If yes, has the measuring device been installed?        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | If yes, has the lockable device been installed?         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| Fish Screen                 | Is a fish screen required?                              | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | If yes, has the fish screen been installed?             | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

**Other Conditions of Permit**

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

\_\_\_\_\_ Completed? Yes ☐ No ☐

8. Fee Enclosed \$ 175.00 or not applicable ☐. See fee schedule on page 2 of the instructions.  
 Proof statements 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 JEFF DANCER Telephone Number 208-919-1446  
 Mailing Address 24245 BOISE RIVER RD City PARMA  
 State ID Zip 83660 Email jeff.dancer@dasco.idaho.com

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 Jeff Dancer Date 5/24/2021  
 (Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098



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 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

BRAD LITTLE  
Governor

GARY SPACKMAN  
Director

June 15, 2021

JEFF DANCER  
411 E KARCHER RD  
NAMPA ID 83687-3001

### PROOF ACKNOWLEDGEMENT LETTER

**RE: Permit No. 63-34682**

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

**Please be advised that Idaho Code § 42-248, 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](http://www.idwr.idaho.gov).**

If you have any questions concerning the field examination, please contact the Western Region Office of the Department located in Boise at (208) 334-2190.

Sincerely,

A handwritten signature in blue ink that reads 'Debbi Judd'.

Debbi Judd  
Technical Records Specialist

Enclosures