



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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

November 21, 2016

JOHN DANHAKL
DANHAKL DESCENDANTS TRUST
17717 CALLE DE PALERMO
PACIFIC PALISADES CA 90272

PROOF DEFICIENCY LETTER

RE: Permit No. 65-23466

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. The proof is not acceptable in copy form.

It appears that the proof form you submitted is a copy of the original signed version. The Department requires the original signed proof form that was filled out with the original signature. A copy of the form is enclosed for your reference.

Please submit the original signed proof form at your earliest convenience before the proof due date of **January 01, 2017** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

A handwritten signature in blue ink that reads "Darla Block".

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

NOV 17 2016

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 \$: _____

Receipt No. _____

Receipt By: _____

Date Received: _____

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, please contact any Department office or visit the Department's website at: www.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.

- Permit No.: 65-23466 Telephone No.: 310 954-0435
- Name of Permit Holder(s): Danhakl Recardants Trust or John Pankakl
- Mailing Address: 17717 Calle de Palermo City: Pacific Palisades
State: CA Zip: 90272 Email: danhakl@leonardgreen.com
- Source of Water: Payette Lake If GROUND WATER (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 25 Other: Fire Protection
- Total rate of diversion or storage volume for which proof is submitted: 0.60 cfs OR _____ acre-feet.
- 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 ☐ No ☒
If yes, has the measuring device been installed? Yes ☐ No ☐
Lockable Controlling Device: Is a lockable device required to control the diversion? Yes ☐ No ☒
If yes, has the lockable device been installed? Yes ☐ No ☐
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 ☒
- Fee Enclosed: \$ 100 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name: Andy Landman Telephone Number: 208 630 3227
Mailing Address: Box 1729 City: McCall
State: ID Zip: 83638 Email: wadesign@citlink.net

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: _____

(Include your title, if on behalf of company or organization)

Date: 11/8/16

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