



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

March 13, 2012

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

JEFFREY B CLARK
DORI BLANKENSHIP-CLARK
17671 OASIS RD
CALDWELL, ID 83607

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 63-33584

Dear Permit Holder(s):

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 Section 42-248, Idaho Code, 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.

If you have any questions concerning the field examination, please contact the Western Regional Office of the department in Boise, Idaho 208-334-2190.

Sincerely,

A handwritten signature in black ink that reads "Darla Block". The signature is fluid and cursive, with the first name "Darla" and the last name "Block" clearly legible.

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

DEC 15 2011

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 \$: 50
Receipt No: 094412
Receipt By: SRJ
Date Received: 12-15-2011

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.: 63-33584 Telephone No.: 208-453-8791
- Name of Permit Holder(s): Jeffrey B. Clark and Dori Blankenship-Clark
- Mailing Address: 17671 Oasis Rd City: Caldwell
State: ID Zip: 83607 Email: dnjdogs@yahoo.com
- Source of Water: Groundwater If **GROUND WATER** (well), Date Drilled: mo. 09 / yr. 1998
Well Driller: T.V. Drilling Firm No. 560 Drilling Permit Number: 63-98-WX0450-000
- 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): 3 Other: _____

- Total rate of diversion or storage volume for which proof is submitted: .09 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: \$50.00 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: Dori Blankenship-Clark Telephone Number: 208-453-8791

Mailing Address: 17671 Oasis Rd City: Caldwell

State: ID Zip: 83607 Email: dnjdogs@yahoo.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: Dori Blankenship-Clark

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

Date: 12-12-11

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