



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

July 01, 2025

LARRY D DAHLE LIVING TRUST
1312 W 1875 S
PRESTON ID 83263-4404

PROOF DEFICIENCY LETTER

RE: Permit No. 13-8325

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 without the correct fee. A copy of the form is enclosed for your reference.

A 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 requiring a license examination fee of \$50.00. Please submit the \$50.00 required fee.

Please submit the required fee at your earliest convenience before the proof due date of **September 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
Technical Records Specialist 1

Enclosure(s)

RECEIVED

JUN 26 2025

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION

COPY

FOR OFFICE USE ONLY

Amt. of Fee \$ _____

Receipt No. _____

Received By _____

Date Received _____

DEPT. OF WATER RESOURCES FOR SUBMITTING PROOF OF BENEFICIAL USE

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.

1. Permit No. 13-8325 Name of Permit Holder(s) Larry Dahle Living Trust
Telephone No. 208-852-2039 Email gneiting44@aol.com
Mailing Address 1312 W. 1875 S. City Preston State ID Zip 83263

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

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

Domestic (No. households) 1 house Irrigation (No. acres) _____ Stockwater (No. and stock type) _____
Other _____

4. Total diversion rate or volume (storage only) for which proof is submitted _____ 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.)

Pump to house. This is a spring we developed just for our house. There isn't extra water.

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: Larry D. Dahle Telephone No. _____ Email _____
Mailing Address 1312 W. 1875 S. City Preston State ID Zip 83263

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.

Larry D. Dahle
SIGNATURE OF PERMIT HOLDER

Larry D. Dahle
PRINTED NAME AND TITLE

6/20/25
DATE

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

This system has been in use for 23 years