

7/94

JAN 30 1998

FOR OFFICE USE ONLY

Amt. of Fee \$: N/A

Receipt No. _____

Receipt By: JWDate Received: 1/30/98

Should questions arise during
the processing of this applica-
tion please contact:

SHERL L. CHAPMAN
410 S. Orchard, Suite 144
Boise, ID 83705
344-6690

Department of Water Resources

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 37-08575 A Telephone No. 208-622-6171
2. Name(s) of Permit Holder(s): Sinclair Oil Corporation, d/b/a Sun Valley Company
3. Mailing Address: Sun Valley, ID 83353
4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 9 / yr. 91
 - a. Well Driller: Walker Water Systems Drilling Permit Number: 37 - 91 - Z - 007
 - b. **OPTIONAL:**
Pump Horsepower: 50 Pressure (psi): 49 Dynamic pumping level (ft): N/A
5. Use(s) (as authorized by the water right permit):
 Domestic (No. of households): ---- Stockwater (No. and type of stock): ----
 Irrigation (No. of acres): ---- Other: Commercial (snow making)
6. Total rate of diversion and/or volume for which proof is submitted: 4.46 cfs OR ----- acre feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
 (This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device:	Is a measuring device required?	Yes <u>-----</u> or No <u>XX</u>
	Has the measuring device been installed?	Yes <u>-----</u> or No <u>XX</u>
Flow Measurement Port:	Is a flow measurement port required?	Yes <u>-----</u> or No <u>XX</u>
	Has the measurement port been installed?	Yes <u>-----</u> or No <u>XX</u>
8. Fee Enclosed: \$ N/A (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
 Name: N/A Telephone Number: -----
 Address: -----
10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder:

Scott L. Campbell, Attorney for
(include your title, if on behalf of company or organization)
Sinclair Oil Corporation, d/b/a Sun Valley Company

Date: 1/30/98

FEB 23 1998