

RECEIVED

APR 29 2004

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

★ Please direct inquiries to Ed Squires at 342-8369.

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. 65 - 13823 Well #1 (Old Cabin Well) Telephone No. (208) 375-3740
2. Name(s) of Permit Holder(s): Lenora B. Barnes
3. Mailing Address: 5120 Sorrento Drive, Boise, Idaho 83704
4. Source of Water: Groundwater If GROUNDWATER (well), Date Drilled: mo. 8 /yr. 1995
 - a. Well Driller: Precision Well and Pump Drilling Permit Number: 65 - 95-W - 0308 - 200 -
 - b. OPTIONAL:
Pump Horsepower: ¾ Pressure (psi): 59 Dynamic pumping level (ft) ~ 17
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (no. of acres): _____ Other: _____
6. Total rate of diversion and / or volume for which proof is submitted: 0.04 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 _____ or No <u>X</u>
	Has the measuring device been installed?	Yes _____ or No <u>X</u>
Flow Measurement Port:	Is a flow measurement port required?	Yes _____ or No <u>X</u>
	Has the measurement port been installed?	Yes _____ or No <u>X</u>
8. Fee Enclosed: \$ N/A (See Fee Schedule on back of the instructions for the filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Field examination to be conducted by Ed Squires, Hydro Logic, Inc. Telephone Number: 342-8369
Address: 1002 w. Franklin Street, Boise, ID 83702-5431
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: Ed Squires Date: April 28, 2004
Ed Squires - Consultant to Lenora B. Barnes