



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

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

January 15, 2009

STAN HAYE
3539 EAST 3000 NORTH
KIMBERLY ID 83341

RE: John and Mary Nunes' Lapsed Water Right Permit, No. 47-7861

Dear Permit Holder:

Enclosed is a copy of the Proof of Beneficial Use ("proof") form submitted to the department on September 15, 2008. I understand that you wish to change the number of acres irrigated to 66 and because you are not the permit holder, I must request that you obtain John or Mary Nunes' signature. I am providing a blank revised proof form for your use to complete and submit to me in the enclosed postage paid return envelope.

Please return the updated proof form within fifteen (15) days from the date of this letter. Returning the proof form within the 15-day period will guarantee you the original filing date of the proof.

If you have any questions regarding this matter, please contact me directly at (208) 287-4942.

Sincerely,

Deborah Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure(s)

FOR OFFICE USE ONLY
Amt. of Fee \$:
Receipt No. 5030420
Receipt By: P. SKINNER
Date Received: 9/18/2008

RECEIVED
SEP 15 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
SEP 19 2008
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.

1. Permit No. 47-7861 Telephone No. 543-6470
2. Name of Permit Holder(s): John - Mary Nunez
3. Mailing Address: 860 East 3900 N
City Buhl State ID Zip 83316
4. Source of Water: Quaternary If GROUNDWATER (well), Date Drilled: mo. _____ / yr. 50
Well Driller: T. C. Gann / Co Drilling Permit Number: _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 60 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 1.2 cfs OR 240 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 X
Has the measuring device been installed? Yes _____ or No X
8. Fee Enclosed: \$ 125 (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: Stan AAYe Telephone Number: 208-731-9930
Address: 3539 E 3000 N Kimberly ID, 83341
10. 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. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: [Signature] Date: 5-8-07
(include your title, if on behalf of company of organization)