



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

July 22, 2003

JAB CONSTRUCTION
C/O ELK MEADOWS LLC
PO BOX 51298
IDAHO FALLS ID 83405

RE: Permit No. 25-7662

Dear Permit Holders:

Enclosed is the original Proof of Beneficial Use form (proof) you filed with the department. During my review of your proof I found that several questions on the form were left blank and need your attention to complete.

1. The name Elk Meadows, LLC was inserted on line no. 2, which asked for the "Name of Permit Holder(s)." This permit is presently in the name of JAB Construction. Before the department can accept the enclosed proof, an Assignment of Permit must be filed with the department to change the holders of the permit to Elk Meadows, LLC,. I have enclosed an Assignment of Permit form for your use, if this permit needs to be changed to Elk Meadows, LLC. There is a \$25.00 filing fee for this change. Also enclosed is another set of the proof form, instructions, and fee schedule for your use or reference.

2. Question no. 6 asks for the "Total rate of diversion..." According to the permit, the total rate of diversion is 0.57 cfs. However, you stated under question no. 5 that the "Domestic (No. of households) is 7 (seven). 7×0.04 cfs (the usual rate of diversion per household) would be 0.28 cfs. which either amounts would equate to \$100. The amount of the license exam fee, as you determine based on question no. 5, should be inserted in question no. 8 and enclosed when you return the form.

3. In order to file this proof with the department there must be a signature of the permit holder or an officer of the corporation.

Please complete the form(s) and return them to my attention at the above address along with the correct fee(s). Thank you for your assistance in this matter, and if you have any questions, please contact me at (208) 327-7953.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson".

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Encl.

c: Regional office

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 21 2003

PROOF OF BENEFICIAL USE

Department of Water Resources

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. 25-7662 Telephone No. (208) 523-3794

2. Name of Permit Holder(s): Elk Meadows LLC

3. Mailing Address: P.O. Box 51298

City Idaho Falls State ID Zip 83405

4. Source of Water: Groundwater If GROUNDWATER (well), Date Drilled: mo. 8 / yr. 2001

Well Driller: Jota Water Works Drilling Permit Number: 0021450

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): 7 Stockwater (No. and type of stock): no

Irrigation (No. of acres): 160 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: _____ 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?

Has the measuring device been installed?

Yes ☒ or No ☐

Yes ☒ or No ☐

8. Fee Enclosed: \$ _____ (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: _____ Telephone Number: (208) 523-3794

Address: P.O. Box 51298 Idaho Falls, ID 83405

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: _____ Date: _____
(include your title, if on behalf of company or organization)