



BROCKWAY
ENGINEERING
P.L.L.C.

Hydraulics

Hydrology

Water Resources

July 23, 2008

Mr. Allen Merritt
Idaho Department of Water Resources
1341 Fillmore Street, Suite 200
Twin Falls, Idaho 83301

Re: Proof of Beneficial Use – 37-8894
Project No.: 347-02-2005

Dear Allen:

Enclosed with this letter is the signed original proof of beneficial use for water right permit 37-8894 to accompany the faxed version submitted on July 18, 2008.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

G. Erick Powell, Ph.D., E.I.T.

enclosed

cc: Bill Novinger

CHARLES E.
BROCKWAY,
Ph.D., P.E.

CHARLES G.
BROCKWAY,
Ph.D., P.E.

2016 NORTH
WASHINGTON
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TWIN FALLS,
IDAHO 83301

208•736•8543

FAX: 736•8506

RECEIVED
JUL 25 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

Form 217
6/00**RECEIVED**
JUL 25 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGIONFor Office Use Only
Amount of Fee \$: 100
Date Received: 7/18/08
Receipt by: C Skinner
Receipt No.: 5030304STATE 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.

1. Permit No.: 37-8894 Telephone No.: (208) 934-4448
2. Name of Permit Holder(s): Dry Creek Partners c/o Bill Novinger
3. Mailing Address: 1598 East 1330 South
City: Gooding State: ID Zip: 83330
4. Source of Water: Black Canyon Creek and Dry Creek If **GROUNDWATER** (well), Date Drilled: mo. NA / yr. NA
Well Driller: NA Drilling Permit No.: NA
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: Wildlife Storage and Aesthetic Storage
6. Total rate of diversion and/or volume for which period proof is submitted: _____ cfs OR 40 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
Has the measuring device been installed? ☐ Yes or ☒ No
8. Fee Enclosed: \$ 100 (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: Bill Novinger Telephone Number: (208) 934-4448
Address: 1598 East 1300 South Gooding, ID 83330
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 underdeveloped portion of the permit to the State of Idaho.**

Signature of permit holder:

Dry Creek Partners
by: [Signature]
(include your title, if on behalf of company or organization)Date: 7/18/08