

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 5030097
Receipt By: S. Sorensen
Date Received: 4/1/08

RECEIVED

APR 11 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

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.

1. Permit No. 36-16520 Telephone No. 736 4480

2. Name of Permit Holder(s): Courtesy Club Estates Inc

3. Mailing Address: 630 Canyon Dr.

City Twin Falls State ID Zip 83301

4. Source of Water: Springs If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____

Well Driller: _____ Drilling Permit Number: _____

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: 1 public restroom + drinking fountain

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

Has the measuring device been installed?

Yes _____ or No X

8. Fee Enclosed: \$ 50.00 ~~100.00~~ (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: Eileen McDewitt Telephone Number: 736 4480

Address: 732 Falls View Dr Twin Falls ID 83301

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] President
(include your title, if on behalf of company or organization)

Date: 11/08/2007

3/27/08