

FOR OFFICE USE ONLY
Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

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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. 65-22716 Telephone No. 208-634-5555
 2. Name of Permit Holder(s): Pilgrim Cove Foundation
 3. Mailing Address: 2201 Wallace
City Bonne State ID Zip 83702
 4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 10 / yr. 03
Well Driller: Gestrin Well Drilling Drilling Permit Number: 880110 - 908696
 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 _____
 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: Josh Sanders Telephone Number: 634-5555
Address: P.O. Box 867 1025 Plymouth Rd McCall, Id. 83438
 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
- Signature of permit holder: Dr. Bueh, Facilities Chairman, P.C. Board Date: 12-16-07
(include your title, if on behalf of company or organization)