

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 2085433
Receipt By: AMB
Date Received: 11-29-07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED
NOV 29 2007
IDAHO 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. 85-15360 Telephone No. 208-962-5650
2. Name of Permit Holder(s): Summit Academy
3. Mailing Address: PO Box 427
City Cottonwood State ID Zip 83522
4. Source of Water: well If **GROUNDWATER** (well), Date Drilled: mo. July / yr. 2002
Well Driller: Uhlenkott Well Drilling Drilling Permit Number: D0022460
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: Small private school
6. Total rate of diversion and/or volume for which proof is submitted: .20 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 ☒
Has the measuring device been installed? Yes _____ or No ☒
8. Fee Enclosed: \$ \$50.00 (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: Patrick J. Wren Telephone Number: 208-962-5650 School
208-962-3576 Home
Address: PO Box 355 Cottonwood ID 83522
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: Patrick J. Wren - Teacher Date: 11/20/07
(include your title, if on behalf of company or organization)