

RECEIVED
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 10 2007
DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

SEP 04 2007

Department of Water Resources
Eastern Region

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. 25-14196 Telephone No. 208-523-1041

2. Name of Permit Holder(s): ALMA CRAM

3. Mailing Address: 1395 JOHNSON PL.

City IDAHO FALLS State ID Zip 83401

4. Source of Water: SPRING 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: _____

6. Total rate of diversion and/or volume for which proof is submitted: .01 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 X or No _____

I MEASURE THE WATER FLOW BY USING A 5GAL BUCKET UNDER CISTERN
OVERFLOW PIPE

8. Fee Enclosed: \$ 50 (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: ALMA CRAM Telephone Number: 208-523-1041 HOME

Address: 1395 JOHNSON PL. IDAHO FALLS, ID 83401 533-0523 WORK

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: Alma J. Cram Date: 8/31/07
(include your title, if on behalf of company or organization)