



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

October 10, 2007

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

ROBERT MONROE
LINDA ALEXANDER
RT 1 BOX 4910
BONNERS FERRY ID 83805

RE: PERMIT NO. 98-7862

Dear Permit Holder(s):

Enclosed is the original Proof of Beneficial Use ("proof") form you filed with the department on October 1, 2007. I am returning the proof form to you because the department cannot accept it without the appropriate \$50.00 filing fee. Your permit is from a surface water source and requires that a fee to be paid. The license examination fee is waived if you have a groundwater (well) source.

Please return the enclosed form and filing fee to my attention. I have enclosed a postage paid return envelope for your use.

If you have any questions please contact me at (208) 287-4942.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

u A
RECEIVED

PROOF OF BENEFICIAL USE

OCT 01 2007

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. 98-7862 Telephone No. 208-267-6406

2. Name of Permit Holder(s): ROBERT MONROE AND/OR LINDA ALEXANDER

3. Mailing Address: RT 1 BOX 4910

City BOWNERS FERRY State ID Zip 83805

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): 1/2 Other: _____

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: \$ X NOT NEEDED PER YOUR FEE SCHEDULE EXPLANATION (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: ROBERT MONROE Telephone Number: 208-267-6406

Address: RT 1 BOX 4910 (KATKA RD) BOWNERS FERRY ID 83805

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: Robert B. Monroe OWNER Date: 9-29-07

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

Linda M. Alexander Owner