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SEP 05 2007

DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 100.00
Receipt No. C084933
Receipt By: AMB
Date Received: 9-14-07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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AUG 31 2007

PROOF OF BENEFICIAL USE

WATER RESOURCES
WESTERN 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. 65-22676 Telephone No. 208 793-2225
2. Name of Permit Holder(s): HORSESHOE BEND School Dist 13
3. Mailing Address: 398 SCHOOL DR.
City HORSESHOE BEND State ID Zip 83629
4. Source of Water: WELL If **GROUNDWATER** (well), Date Drilled: mo. 7 / yr. 2007
Well Driller: SOS WELL DRILLING Drilling Permit Number: D0048097 (65-22676)
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 40.7 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.81 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: \$ 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: JERRY SAMPO Telephone Number: 208 793-2225
Address: 398 SCHOOL DR., HORSESHOE BEND, ID 83629
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: Jerry Sampo MAINTENANCE Dir. Date: 8/30/2007
(include your title, if on behalf of company or organization)