

RECEIVED

FEB 16 2007

DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 125.00
Receipt No. 0083268
Receipt By: amh
Date Received: 2-16-07

STATE OF IDAHO
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. 36-116299 Telephone No. 829-5333
2. Name of Permit Holder(s): Valley School Dist #262
3. Mailing Address: _____

City _____ State _____ Zip _____

4. Source of Water: Ground water If **GROUNDWATER** (well), Date Drilled: mo. 8/9 / yr. 93
Well Driller: Well Water Systems Inc. Drilling Permit Number: _____

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): X school Stockwater (No. and type of stock): NA

Irrigation (No. of acres): 1/2 acres Other: fire protection

6. Total rate of diversion and/or volume for which proof is submitted: 2.0 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?
Has the measuring device been installed?

Yes X or No _____
Yes X or No _____

8. Fee Enclosed: \$ 125.00 (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: Dr. Laurel Nelson Telephone Number: 829-5333

Address: 882 Valley School Road South

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: Dr. Laurel Nelson, Supt Valley School Dist. Date: 2/5/07
(include your title, if on behalf of company or organization) #262