

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. N918394
Receipt By: 8
Date Received: 5/23/07

STATE OF IDAHO
RECEIVED DEPARTMENT OF WATER RESOURCES
MAY 30 2007 **PROOF OF BENEFICIAL USE**

RECEIVED
MAY 23 2007
IDWR/North

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. 95-9339 Telephone No. (208) 765-2997
 2. Name of Permit Holder(s): Neal & Debbie Schreiber
 3. Mailing Address: 5810 E. Poleline Ave
City Post Falls State Id Zip 83854
 4. Source of Water: ground water If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: H₂O Well Service Drilling Permit Number: D0041341
 5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): 0, cows & horse
Irrigation (No. of acres): 5 Other: _____
 6. Total rate of diversion and/or volume for which proof is submitted: .19 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: Neal Schreiber Telephone Number: (208) 765-2997 Home
(208) 816-9381 cell
Address: 5810 E. Poleline Post Falls Id 83854
 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: Neal Schreiber Date: 5/17/2007
(include your title, if on behalf of company or organization)