

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

★ Please direct inquiries to Ed Squires at 342-8369.

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. 63 - 31283 Telephone No. (208) 455-3006

2. Name(s) of Permit Holder(s): The City of Caldwell, Idaho

3. Mailing Address: 621 Cleveland Blvd., Caldwell, Idaho 83605

4. Source of Water: Groundwater (Well #4) If GROUNDWATER (well), Date Drilled: mo. 7 /yr. 2000

a. Well Driller: Riverside, Inc. Drilling Permit Number: I.D. Tag No. D0012675

5. Use(s) (as authorized by the water right permit): * *Please refer to attached cover letter and field report*

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (no. of acres): _____ Other: Municipal

6. Total rate of diversion and / or volume for which proof is submitted: 3.0 cfs OR N/A 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 _____

* *a measuring port has been provided*

Flow Measurement Port: Is a flow measurement port required? Yes _____ or No X
Has the measurement port been installed? Yes X or No _____

8. Fee Enclosed: \$ N/A 200.00 (See Fee Schedule on back of the instructions for the filing proof of beneficial use)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Field examination conducted by Ed Squires, Hydro Logic, Inc. Telephone Number: 342-8369

Address: 1002 W Franklin Street, Boise, ID 83702 (Certified Water Right Examiner No. 7-125)

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Sam L. Thomas Date: April 17, 2006

*This is a corrected
replacement for
the proof filed on
11-01-06.*