



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

March 2, 2005

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

SHIRLEY R COLLINS
PO BOX 27649
LAS VEGAS NV 89117

RE: PERMIT NO. 95-9135

Dear Permit Holder(s):

Enclosed is the original Proof of Beneficial Use form ("proof") you filed with the Department, I am returning this document to you since the department cannot accept it without the appropriate license exam fee or a Beneficial Use Field Report prepared by a certified water right examiner. The department's fee is waived only for permits diverting 0.04 cubic feet per second ("cfs") or less, for a ground water (well) right. Your license exam fee is \$50.00. Please see the enclosed fee schedule.

Please return the enclosed proof form along with \$50.00 to my attention as soon as possible because this permit has lapsed and is of no force nor effect until the permit is reinstated.

If you have any questions regarding this matter, please contact me at (208) 287-4942, or contact the regional office in Coeur d'Alene at (208) 769-1450.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure
c: IDWR- Region

SCANNED

JUN 11 2007

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

MAR 01 2005
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. 95-9135 Telephone No. 702-255-3368
2. Name of Permit Holder(s): Shirley R. Callin
3. Mailing Address: P.O. Box 27649
City Las Vegas State NV Zip 89117
4. Source of Water: ground water If **GROUNDWATER** (well), Date Drilled: mo. ? / yr. 1973
Well Driller: ? Drilling Permit Number: ?
owner (Bob Flowers)
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 2 Homes Stockwater (No. and type of stock): 5
Irrigation (No. of acres): 5 Other: 2 Homes
6. Total rate of diversion and/or volume for which proof is submitted: .08 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: \$ _____ (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: _____ Telephone Number: _____
Address: _____
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: Shirley R. Callin Date: Feb 23, 2005
(include your title, if on behalf of company or organization)