



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.

November 22, 2006

JAMES E. RISCH
Governor

KARL J. DREHER
Director

ROBERT E WILSON
DIANA WILSON
429 S 800 W
HEYBURN ID 83336

RE: Proof Due Notice for 65-22632

Dear Mr. & Mrs. Wilson:

Enclosed is the original Proof of Beneficial Use ("proof") form you filed with the department for water right permit no. 65-22632. I appreciate your note Diana, which accompanied the proof; it prompted me to call you. After speaking to you, it became clear that our database records contained another Robert E. Wilson with a mailing address in Emmett, Idaho, with a water right permit identified as no. 65-22632. When you filed a Notice of Change of Ownership for water right 36-7892 on May 2, 2006, the database changed the address for Robert E. Wilson in Emmett to yours in Heyburn. I have corrected the error, and I am providing a copy of a Water Right Report generated from our database for water right no. 36-7892 reflecting your name, address, and the water right's information. I'll be contacting the other Robert E. Wilson to request proof of beneficial use.

I apologize for the confusion this error has created. By a copy of this letter, I have requested that the department refund you the proof's filing fee. A check for \$50.00 should be mailed to you within 7-10 days. If you have any problems receiving this check, or have any questions, contact me at (208) 287-4942.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure
Cc: Fiscal

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. 65-22632 Telephone No. 208-679-4613
2. Name of Permit Holder(s): ROBERT E. AND/OR DIANA J. WILSON
3. Mailing Address: 429 S 800 W
City HEYBLURN State ID Zip 83336
4. Source of Water: WELL If **GROUNDWATER** (well), Date Drilled: mo. 9 / yr. 79
Well Driller: _____ Drilling Permit Number: _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 1.826 Other: _____
- * 6. Total rate of diversion and/or volume for which proof is submitted: _____ 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: DIANA J. WILSON Telephone Number: 208-679-4613
Address: 429 S 800 W, HEYBLURN, ID 83336

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: [Signature] Date: 11-14-06
(include your title, if on behalf of company or organization)

* Please advise. Water for domestic +
to water lawn using in-ground
sprinkler system installed in 2007.