



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

April 11, 2007

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Interim Director

ROBERT SIMPSON
PUBLIC WORKS DIRECTOR
CITY OF CAREY
PO BOX 6
CAREY ID 83320

RE: PERMIT NOS. 37-20384 and 37-21355

Dear Mr. Simpson:

The department has received the Proof of Beneficial Use form ("proof") referencing both of the above-referenced permits, and \$150.00 for the license exam fees for these permits. However, I cannot accept proof for both permits on one form, and the fee you paid is not correct. Therefore, enclosed is your original proof.

I request that you resubmit proof of beneficial use on separate forms for each permit and pay an additional \$75.00 for the license exam fees, as soon as possible. With this letter I am providing you with two proof forms, their instructions, and a license examination fee schedule.

I will hold this matter for **30-days** from the date of this letter for your response. If you have any questions, please contact me at (208) 287-4942.

Sincerely,

A handwritten signature in black ink that reads "Deborah J. Gibson". The signature is fluid and cursive, with the first name "Deborah" being more prominent than the last name "Gibson".

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure

FOR OFFICE USE ONLY
Amt. of Fee \$: 150.00
Receipt No. 2082946
Receipt By: QMB
Date Received: 7-03-07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

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. 37-21355 & 27-20364 Telephone No. 208 823-4014
2. Name of Permit Holder(s): _____
3. Mailing Address: CAREY WATER & SEWER DIST / CITY OF CAREY
City CAREY State ID Zip 83320
4. Source of Water: GROUND WATER If **GROUNDWATER** (well), Date Drilled: mo. 07 / yr. 04
Well Driller: HIDDLESON & SON INC Drilling Permit Number: 818033 1042AL 00034183

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

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: 207 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: \$ 150.00 (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: ROBERT SIMPSON Telephone Number: 208 823-4045 / 208 301-0314 CFLC
Address: P.O. BOX 6 CAREY ID 83320

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: ROBERT SIMPSON Date: 12-26-06
(include your title, if on behalf of company or organization)

Idaho Department of Water Resources Receipt

Receipt ID C082946

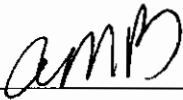
Payment Amount \$150.00 Date Received 1/3/2007 1:23:55 PM Region State Status
Payment Type Check Check Number 2018

Payer CITY OF CAREY AND SEWER

Comment 37-21355 77-20304

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$150.00	BENEFICIAL USE	0229	21	56104	1155


Signature Line (Dept. Representative)