

RECEIVED

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Amt. of Fee \$: 75.00
Receipt No. CD82946
Receipt By: AMB
Date Received: 4-13-07

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. 37-21355 Telephone No. 208-823-4045
2. Name of Permit Holder(s): CITY OF CAREY
3. Mailing Address: PO BOX 6
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: 8108053 TAG 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: 1.37 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 X or No _____
Has the measuring device been installed? Yes X or No _____
8. Fee Enclosed: \$ 75.00 (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: 208-823-4170
Address: PO BOX 6 20462 MAIN 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.
ROBERT L SIMPSON
PUBLIC WORKS DIRECTOR
Signature of permit holder: [Signature] Date: 4-18-07
(include your title, if on behalf of company or organization)