

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
322 East Front Street, P.O. Box 83720
Boise, Idaho 83720-0098

Return Service Requested

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DEPARTMENT OF
WATER RESOURCES

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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 10, 2007

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Interim Director

PETER BOWLER
555 RIVER ROAD #E
BLISS, ID 83314

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 37-21339

Dear Permit Holder(s):

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office.

If you have any questions concerning the field examination, please contact the Southern Regional Office of the department in Twin Falls, ID 208-736-3033.

Sincerely,

Brian Cox

Technical Reviewer

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 5029070
Receipt By: [Signature]
Date Received: 11-29-06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

NOV 29 2006

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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. 37-21339 Telephone No. (208) 837-6436

2. Name of Permit Holder(s): Peter A. Bowler

3. Mailing Address: 555 River Road #E

City Bliss State ID Zip 83314

4. Source of Water: Unnamed small spring If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____

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): _____ Other: Small aesthetic pond (computer)

6. Total rate of diversion and/or volume for which proof is submitted: 40.04 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: \$ 50 (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: Peter or Crissy Bowler Telephone Number: 208-837-6436

Address: 555 River Road # Bliss ID 83314

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: Peter A. Bowler Date: Nov. 29, 2006
(include your title, if on behalf of company or organization)