

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. 71-10900 Telephone No. Summer - 208-774-3304
Winter - 661-588-1589

2. Name of Permit Holder(s): Scott E. ELISON & Michelle L. ELISON

3. Mailing Address: P.O. Box 235
City Stanley State ID Zip 83278

4. Source of Water: Ground Water If **GROUNDWATER** (well), Date Drilled: mo. Aug 1 yr. 89
Well Driller: Hiddleston & Son Inc Drilling Permit Number: 739844

5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): one (1) Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.04 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: \$ - 0 - (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: Scott E. ELISON Telephone Number: Summer - 208-774-3304
Winter - 661-588-1589
Address: Summer PO Box 235 Stanley ID 83278
Winter 12016 Palm Ave Bakersfield Ca 93312

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: Scott E. ELISON Michelle L. ELISON Date: 3/27/07
(include your title, if on behalf of company or organization)

Scott E. ELISON

Michelle ELISON