



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

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Interim Director

April 5, 2007

AILEEN LOIS JONES
1009 S CALVIN RD
VERADALE WA 99037

TOM TAYLOR
19701 W BOWIE RD
MEDICAL LAKE WA 99022

RE: PERMIT NO. 96-9165

Dear Permit Holder(s):

Enclosed is the original Proof of Beneficial Use ("proof") form you filed with the department on April 2, 2007. I am returning the proof form to you because the department cannot accept it without the appropriate \$50.00 filing fee.

Please return the enclosed form and filing fee as soon as possible, because the permit has lapsed and a timely response is essential to avoid additional loss of the priority date.

If you have any questions please contact me at (208) 287-4942.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 02 2007

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. 509-924-3977

1. Permit No. 96-9165 Telephone No. 509-244-0233

2. Name of Permit Holder(s): Aileen Lois Jones

3. Mailing Address: 1009 S. Calvin Rd

City Veradale State WA Zip 99037

4. Source of Water: PACK River 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): 2.5 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .20 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 _____ or No X
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: Tom Taylor Telephone Number: 509/244-0233

Address: 19701 W. Bowie Rd Medical Lake, WA 99022

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: Tom Taylor Son in Law Date: 3/24/07
(include your title, if on behalf of company or organization)