

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C083689
Receipt By: AMB/dg
Date Received: 3/28/07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED
MAR 28 2007

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. 96-8954 Telephone No. 208 290-3089 c
2. Name of Permit Holder(s): MARILYNN M. MOYLE 263-6758 w
3. Mailing Address: P.O. Box 31
City SANDPOINT State ID Zip 83864
4. Source of Water: LAKE PEND OREILLE 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): 1 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?
Has the measuring device been installed?

Yes _____ or No X
Yes _____ or No NA

8. Fee Enclosed: \$ 50.00 (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: MARILYNN MOYLE Telephone Number: 208 290-3089
Address: 696 MARIMOUNT BEACH, SANDPOINT, ID

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:

Marilynn M. Moyle
(include your title, if on behalf of company or organization)

Date: 3/26/07