



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov

JAMES E. RISCH
Governor

KARL J. DREHER
Director

December 21, 2006

TONY HOWARD
MARLA HOWARD
PO BOX 582
COCOLALLA ID 83813

Re: Permit No. 96-9262

Dear Mr. and Mrs. Howard:

On October 17, 2006, the department received a Proof of Beneficial Use ("proof") form with \$100.00 for the license examination fee for the above referenced permit. On December 11, 2006, the department received a second proof form and \$50.00 for the license examination fee for the same referenced permit. Upon receipt of the second proof and review of the file, I found that the total amount you have paid the department for license exam fees has been \$150.00.

Based on the maximum diversion rate of 0.10 cfs as permitted and as reflected in your proofs, the appropriate fee for this permit is \$50.00. Therefore, you have overpaid the department \$100.00. With this letter I have requested that the department issue you a check for \$100.00. This check will be generated and mailed to you within 7-10 days.

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

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson".

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Encl.

cc: Fiscal

RECEIVED

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 682790
Receipt By: AMC
Date Received: 12-11-06

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. 96-09262 Telephone No. 208-683-1782
2. Name of Permit Holder(s): Tony or marla Howard
3. Mailing Address: P.O. Box 582
City Cocatalla State ID Zip 83813
4. Source of Water: unnamed stream If GROUNDWATER (well), Date Drilled: mo. _____ / yr. _____
Tributary of Cocatalla creek
Well Driller: _____ Drilling Permit Number: _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): N/A Stockwater (No. and type of stock): 8 horses 3 goats ducks chickens
Irrigation (No. of acres): 1/2 acre Other: stockwater storage
6. Total rate of diversion and/or volume for which proof is submitted: 0.10 cfs OR 0.1 AE 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 <u>X</u> |
| | Has the measuring device been installed? | Yes _____ or No <u>X</u> |
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: Tony Howard Telephone Number: 208-683-1782
Address: PO Box 582 / 457676 Hwy 95 Cocatalla ID 83813
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: [Signature] Date: 12-7-06
(Include your title, if on behalf of company or organization)