

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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SEP 25 2006

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. 72-16602 Telephone No. 208-838-2395
2. Name of Permit Holder(s): Sherwood, Wes Archie Estate of Archie Sherwood
3. Mailing Address: P.O. Box 163
City Clayton State IDA Zip 83227
4. Source of Water: 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): 1/2 acre Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .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 <u>X</u>
	Has the measuring device been installed?	Yes _____	or	No <u>X</u>
8. Fee Enclosed: \$ NA (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: Wes Sherwood Telephone Number: 208-838-2395
Address: P.O. Box 163 Clayton, Id 83227
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: A. Sherwood, Owner & Estate Administrator Date: 9-13-06
(include your title, if on behalf of company or organization)