

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 0081863
Receipt By: AMB
Date Received: 8/1/06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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. 615/269-5448

1. Permit No. 75-14143 Telephone No. 208/865-2052

2. Name of Permit Holder(s): Theodore J & Mary B. Royer

3. Mailing Address: 3818 West End Avenue #311

City Nashville State TN Zip 37205

4. Source of Water: unnamed stream
(Johnson Creek) 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 household 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 _____

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: Ted Royer Telephone Number: 208/865-2052
615/269-5448

Address: 3334 Hwy 93N Gibsonville, TN 37043

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: Theodore J. Royer
Mary B. Royer Date: 8/1/06
(include your title, if on behalf of company or organization)

→ location = mile marker 339 - Hwy 93

Myers®

F.E. Myers
1101 Myers Parkway
Ashland, Ohio 44805-1969

CAT NO 3NFL52-8
HP 1/2 VOLT 230 GPM 8
AMPS 6.00 SF 1.60 PH 1
CODE M S/N 1204A537957

RATED FOR CONTINUOUS DUTY
THERMALLY PROTECTED

WARNING:

TO PREVENT ELECTRICAL SHOCK HAZARD

IF THIS UNIT IS OPERATED OUTSIDE A
WELL, THE MOTOR FRAME MUST BE
GROUNDED TO A POWER SUPPLY GROUND
TERMINAL WITH A COPPER CONDUCTOR NO
SMALLER THAN THE CIRCUIT CONDUCTORS

DISPLAY THIS TAG IN A PROMINENT PLACE

F.E. MYERS, A PENTAIR COMPANY
1101 MYERS PARKWAY, ASHLAND, OHIO 44805-1923

25902A000

MADE IN U.S.A.

NOTICE

Warranty void if product is modified, drilled, painted,
or altered in any way; if used to pump hot water, or
to pump liquids other than water (such as but not
limited to chemical fertilizers, flammable liquids,
herbicides, mud, tar, cement, wood chips); or if
product is otherwise abused.

TAG REMOVAL VOIDS WARRANTY

25579A207

RETURN THIS TICKET

To the attention of our Warranty Service Department giving
complete information if the merchandise in this container is
not complete or is unsatisfactory. THANK YOU