



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

June 23, 2006

JAMES E. RISCH
Governor

KARL J. DREHER
Director

BOB L NESTOR
CINDY NESTOR
4950 VALENTY ROAD STE B
CHUBBUCK ID 83202

RE: PERMIT NO. ~~26-9022~~ 29-13719

Dear Permit Holder:

Enclosed is the original Proof of Beneficial Use form ("proof") you filed with the department on June 5, 2006. I am returning the proof to you because the department cannot accept it without the appropriate license exam fee, **or** a completed Beneficial Use Field Report from a certified water right examiner. The fee is specifically for a department examiner to prepare a Beneficial Use Field Report for the issuance of a water right license, which is the final step for obtaining a water right. Your permit is for a surface water source (a spring) with a diversion rate of 0.04 cfs, which your fee would be \$50.00. For your information, please see the fee schedule attached to the proof's instructions.

Please return the enclosed proof form to me with the appropriate filing fee on or before **October 1, 2006** to avoid lapsing of this permit. If you have any questions regarding filing the proof, please contact me at (208) 287-4942, or the regional office in Idaho Falls at (208) 525-7161.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

✓ NOT ENCLOSED

FOR OFFICE USE ONLY
Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

W*

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED

JUN 05 2006

**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. 29-13719 Telephone No. 208-406-3015

2. Name of Permit Holder(s): BOB L NESTOR AND/OR CINDY NESTOR

3. Mailing Address: 4950 VALENTY ROAD, STE B

City CHUBBUCK State ID Zip 83202

4. Source of Water: SPRING If GROUNDWATER (well), Date Drilled: mo. N/A / yr. _____

Well Driller: N/A Drilling Permit Number: N/A

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): ONE Stockwater (No. and type of stock): NA

Irrigation (No. of acres): NONE 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?
Has the measuring device been installed?

Yes _____ or No ✓
Yes _____ or No ✓

8. Fee Enclosed: \$ NONE (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: BOB OR CINDY NESTOR Telephone Number: 208-406-3015

Address: 4950 VALENTY ROAD STE B, CHUBBUCK, IDAHO 83202

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: Cindy Nestor Date: 6-1-06
(include your title, if on behalf of company or organization)