

✓ NOT ENCLOSED

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 0081636
Receipt By: AMB
Date Received: 7-10-06

WA

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED
7-10-06
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): N/A
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?	Yes <u> </u>	or	No <u>✓</u>
	Has the measuring device been installed?	Yes <u> </u>	or	No <u>✓</u>
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)