

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C080438
Receipt By: LM
Date Received: 2-28-06

RECEIVED

FEB 28 2006

**DEPARTMENT OF
WATER RESOURCES**

**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.

1. Permit No. 65-13906 Telephone No. 208-467-3714

2. Name of Permit Holder(s): Church of the Nazarene Intermountain District

3. Mailing Address: P.O. Box 1159

City Nampa State ID Zip 83653-1159

4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 08 / yr. 1999

Well Driller: Gestlin Well Drilling Drilling Permit Number: 65-99W0236-801

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

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

Irrigation (No. of acres): 3.5 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: ~~2.0~~ 2.0 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: \$ _____ (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: Mike Crevett Telephone Number: 208-382-6200

Address: 349 Caberton Drive, Cascade, ID 83411

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: Stanley J. Rodas Date: 2/28/06
(include your title, if on behalf of company or organization)
Assistant District Superintendent