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Form No. 217
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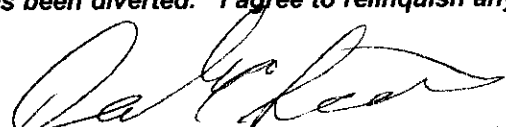
FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 2087637
Receipt By: AMB
Date Received: 7/12/06

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.

- Permit No. 95-9281 Telephone No. 200-651-3165
- Name of Permit Holder(s): Dale Scott
- Mailing Address: 11171 S LOFF'S BAY ROAD (note - this is a new address)
City Copurd'Alene State ID Zip 83814
- Source of Water: SPRINGS If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
- Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: 0.003
- Total rate of diversion and/or volume for which proof is submitted: 0.003 cfs OR _____ acre-feet
- 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 X
- Fee Enclosed: \$ 50⁰⁰ (See Fee Schedule on back of the instructions for filing proof of beneficial use)
- Person to contact to accompany the Department representative during field examination of the water system.
Name: Dale Scott Telephone Number: 200-651-3165
Address: 11171 S LOFFS BAY Rd, Copurd'Alene, ID 83814
- 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:  Date: 7/7/06
(include your title, if on behalf of company or organization)

Address Corr made 7/24/06 CR