

(PSB) CHECK # 5381
= 85.00

Form No. 217
05/03

FOR OFFICE USE ONLY
Amt. of Fee \$: 850.00
Receipt No. 0679592
Receipt By: AM
Date Received: 11-7-05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

NOV 07 2005

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. 96-9201 Telephone No. (208) 255 1774
2. Name of Permit Holder(s): JOHN T POWERS
3. Mailing Address: P.O. Box 2193
City SAND POINT ID State ID Zip 83864
4. Source of Water: FORY CREEK & LAKE PAUL ORVILLE If GROUNDWATER (well), Date Drilled: mo. NA / yr. NA
Well Driller: NA Drilling Permit Number: NA
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): NA Stockwater (No. and type of stock): NA
Irrigation (No. of acres): 1/8 Other: SPRINKLER SYSTEM FOR LAWN
(FOR A LAWN 4000 SQ FT)
6. Total rate of diversion and/or volume for which proof is submitted: 0.10 cfs OR NA acre-feet
LESS THAN 1 CF PER SECOND
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 ☒

Has the measuring device been installed?

Yes ☐ or No ☒

~~E-ALARMING PAIL BICO SBA CUBAN COPY~~

8. Fee Enclosed: \$ -0- (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: JOHN T POWERS Telephone Number: 208 255 1774

Address: Box 2193 SAND POINT ID 83864

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:

John T Powers
(include your title, if on behalf of company or organization)

Date: 11-3 2005

NOTE! THIS IS FOR A LAWN SPRINKLER SYSTEM WHICH IS USED ONLY THROUGH JUNE TO AUGUST & ONLY RUN 2 TIMES A WEEK. FOR PROOF SEND A EXAMINER TO LOOK AT IT CHART 545 \$50