



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

DIRK KEMPTHORNE
Governor

December 2, 2005

KARL J. DREHER
Director

ANDREW T PRICE
KATHLEEN P PRICE
2004 ADOBE TRAIL
PLACERVILLE CA 95667

RE: PERMIT NO. 98-7814

Dear Mr. and Mrs. Price:

Enclosed is the original Proof of Beneficial Use form ("proof") you have filed with the Department, I am returning this document to you since the department cannot accept it without the appropriate license exam fee or a Beneficial Use Field Report done by a certified water right examiner. The only time a fee is waived for a proof is if the rate of diversion is 0.04 cubic feet per second ("cfs") or less for a ground water right. Since you were permitted for a surface water source with 0.05 cfs your fee would be \$50.00. Please see the enclosed fee schedule.

Please return the enclosed proof form along with your check for \$50.00 sent to my attention on or before **January 1, 2006** to avoid lapsing of this water right. If you have any questions regarding filing the proof, please contact me at (208) 287-4942, or contact the regional office in Coeur d'Alene at (208) 769-1450.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson". The signature is written in dark ink and is positioned above the printed name and title.

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

NOV 30 2005
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. 98-7814 Telephone No. 530-626-1964

2. Name of Permit Holder(s): ANDREW T. & KATHLEEN P. PRICE

3. Mailing Address: 2004 ADOBE TRAIL

City PLACERVILLE State CA Zip 95667

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

Well Driller: _____ Drilling Permit Number: _____

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

Domestic (No. of households): 1 Stockwater (No. and type of stock): 10 HORSES
10 CATTLE

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

6. Total rate of diversion and/or volume for which proof is submitted: 0.05 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 X
Yes _____ or No _____

8. Fee Enclosed: \$ 50.00 (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: ANDREW T. PRICE Telephone Number: 530-626-1964

Address: 2004 ADOBE TRAIL, PLACERVILLE, CA 95667

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: Andrew T. Price Date: 11/28/05
(include your title, if on behalf of company or organization)