

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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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. 2-10269 Telephone No. 208/495-2941
2. Name of Permit Holder(s): SUNRISE SKYPARK HOMEOWNERS ASSN.
3. Mailing Address: 11158 AIRPARK LOOP
City MELBA State ID Zip 83641
4. Source of Water: SNAKE RIVER 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): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 0.5 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.02 cfs OR 2.25 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 _____ or No X
Has the measuring device been installed? Yes _____ or No X
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: GARY HAMILTON Telephone Number: 208/495-2941
Address: 10514 AIRPARK LOOP, MELBA, ID 83641
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.
Gary Hamilton, DIRECTOR
Signature of permit holder: for: SUNRISE SKYPARK HOMEOWNERS ASSN. Date: 1/17/2006
(include your title, if on behalf of company or organization)