

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 07-11403
Receipt By: MC
Date Received: 1-13-05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED
JAN 13 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. 65-22855 Telephone No. 707-546-5626 X315
 2. Name of Permit Holder(s): N. BARNARD & DONNA Aldridge
 3. Mailing Address: 120 STONY POINT Rd. #210 SANTA ROSA, CA 95401
City SA State CA Zip 95401
 4. Source of Water: PAYETTE LAKE GROUNDWATER (well), Date Drilled: mo. _____ / yr. _____
Well Driller: N/A Drilling Permit Number: N/A
 5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): N/A
Irrigation (No. of acres): N/A Other: _____
 6. Total rate of diversion and/or volume for which proof is submitted: 0.04 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? Yes _____ or No ✓
Has the measuring device been installed? 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: We don't live there full time Telephone Number: _____
Address: ITS A vacation home. Please contact phone # above to discuss
Thank you.
 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: [Signature] - Owner Date: 1/10/05
(include your title, if on behalf of company or organization)