

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C070153
Receipt By: MC
Date Received: 12-16-04

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 16 2004

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. 65-22835 Telephone No. 208 462-6907
2. Name of Permit Holder(s): EDWARD S. WOODS AND/OR JULIA E. WOODS
3. Mailing Address: 16 APPLE WOOD DR.
City GARDEN VALLEY State ID Zip 83622
4. Source of Water: MIDDLE FORK If GROUNDWATER (well), Date Drilled: mo. _____ / yr. _____
PAYETTE RIVER
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): 1 (ONE) Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.02 cfs OR 3.5 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: EDWARD S. WOODS Telephone Number: 208 462-6907
Address: 16 APPLE WOOD DR. GARDEN VALLEY ID. 83622
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: Edward S. Woods Date: 12-13-04
(include your title, if on behalf of company or organization)