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OCT 19 2004

DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 250 -
Receipt No. E030331
Receipt By: gc
Date Received: 10-14-04

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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PROOF OF BENEFICIAL USE

Department of Water Resources
Eastern Region

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. 25-7654 Telephone No. 208-529-1471

2. Name of Permit Holder(s): CITY OF IDAHO FALLS

3. Mailing Address: P.O. Box 50220

City IDAHO FALLS State ID Zip 83405-0220

4. Source of Water: GROUND WATER If GROUNDWATER (well), Date Drilled: mo. 05 / yr. 2003

Well Driller: STAN LLOYD DRILLING CO. Drilling Permit Number: 26503

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

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

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

6. Total rate of diversion and/or volume for which proof is submitted: 6.70 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 X or No _____
Yes X or No _____

8. Fee Enclosed: \$ 250.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)

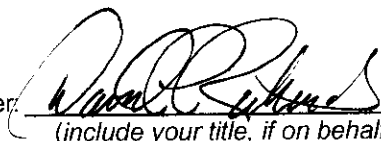
9. Person to contact to accompany the Department representative during field examination of the water system.

Name: DAVID RICHARDS Telephone Number: 208-612-8471

Address: P.O. Box 50220, IDAHO FALLS, ID 83405-0220

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:


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

WATER DEPT.
SUPERINTENDENT

Date: 10-3-04