



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

February 14, 2006

KARL J. DREHER
Director

ALLEN D HENRY
ALICE L HENRY
PO BOX 176
KENRICK ID 83537

RE: PERMIT NO. 86-11923

Dear Mr. or Mrs. Henry:

Enclosed is the original Proof of Beneficial Use form ("proof") you filed with the Department on November 5, 2004. I am returning this document to you because the department cannot accept it without the appropriate license exam fee, or a Beneficial Use Field Report from a certified water right examiner. Additionally, I am returning your proof because Earle W. Arnold filed proof for this permit.

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

NOV - 5 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. 86-11923 Telephone No. 208-289-5626
2. Name of Permit Holder(s): Allen D Henry / Alice L Henry
3. Mailing Address: P.O. Box 176
City Kendrick State Id Zip 83537
4. Source of Water: Spring water If **GROUNDWATER** (well), Date Drilled: mo. X / yr. X
Well Driller: X Drilling Permit Number: X
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): 0
Irrigation (No. of acres): 0 Other: N/A
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 X
Has the measuring device been installed? Yes _____ or No X
8. Fee Enclosed: \$ 0 (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: Allen D. or Alice L. Henry Telephone Number: 208-289-5626
Address: P.O. Box 176 Kendrick, Idaho 83537
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: Alice L Henry Date: 11/2/04
(include your title, if on behalf of company or organization)