



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.

October 21, 2004

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

STEVE LOOKABAUGH
PO BOX 179
CHESTER ID 83421

RECEIVED

OCT 25 2004

Department of Water Resources
Eastern Region

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 21-12866

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The field examination report is presently on file with the department, therefore, the next step in the process is for the department to review the file for issuance of a water right license.

Be advised that Section 42-248, Idaho Code, requires you or the owner of these water rights to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Encl.

c: IDWR - Regional Office

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED
JUL 01 2004
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. 21-12866 Telephone No. 208-624-1281

2. Name of Permit Holder(s): Steve LOOKABAUGH

3. Mailing Address: P.O. Box 179

City CHESTER State ID Zip 83421

4. Source of Water: Heways Fork 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): 3 Acres Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.09 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 _____ or No X
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: Steve LOOKABAUGH Telephone Number: 208-624-1281

Address: 2781 E. 800. N. St ANTHONY ID 83445

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

Date: 6-29-04