

Form No. 217
06/03

FOR OFFICE USE ONLY

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED

JUN 30 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. 27-20899 Telephone No. 208-726-30302. Name of Permit Holder(s): THOMAS M O'GARA FAMILY TRUST c/o BRIAN BARSOTTE3. Mailing Address: P.O. Box 370City KETCHUM State ID Zip 833404. Source of Water: GROUNDWATER If GROUNDWATER (well), Date Drilled: mo. N/A / yr. _____Well Driller: N/A Drilling Permit Number: N/A

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: WILDLIFE / RECREATION STORAGE6. Total rate of diversion and/or volume for which proof is submitted: _____ cfs OR 7.4 acre-feet7. 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 X8. Fee Enclosed: \$ NONE - EXAM BY BROCKWAY INCLUDED WITH THIS SUBMITTAL
(See Fee Schedule on back of the instructions for filing proof of beneficial use)

9. Reason to contact us is company the Department representative during field examination of the water system.

Name: JEFFREY S. RAIN - BROCKWAY ENGR Telephone Number: 208-736-8543Address: 2016 NORTH WASHINGTON ST SUITE 4 TWIN FALLS, ID 83301

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: Myra Barsotti, Attorney Date: 6/28/04
(include your title, if on behalf of company or organization)



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

January 20, 2005

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

THOMAS M O'GARA FAMILY TRUST
C/O BRIAN BARSOTTE
PO BOX 370
KETCHUM ID 83340

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 37-20899

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form and field examination report filed. 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

c: IDWR - Regional Office



BROCKWAY
ENGINEERING
P.L.L.C.

Hydraulics

Hydrology

Water Resources

Sent June 29, 2004
Via Fed-Ex for 6/30/04 Delivery

Idaho Department of Water Resources
Attn: Carilynn Townsend
1301 North Orchard Street
Boise, ID 83706

Re: Permit #37-20899
Proof of Beneficial Use & Beneficial Use Exam Submitted

Dear Carilynn:

Following is the completed proof of beneficial use and beneficial use exam for the above mentioned permit under the name of Thomas M. O'Gara Family Trust. The proof form has been signed by Mr. Brian Barsotti and the exam was completed by Brockway Engineering.

The original proof due notice was sent by Deborah Gibson, but I have forwarded this information to you as I understand she is on medical leave at this time. Please review the enclosed documents and contact me if you have any questions or comments. Since a completed exam is included, no fees have been submitted for this proof notice.

Thank you and have a great day.

Sincerely,

Jeffrey S. Rau, P.E.
WR Examiner #05-127

CHARLES E.
BROCKWAY,
PH.D., P.E.

CHARLES G.
BROCKWAY,
PH.D., P.E.

Attachment: Proof of Beneficial Use – 37-20899
Beneficial Use Exam & Supporting Documents & Photos

Cc: Tom O'Gara
Brian Barsotti

2016 NORTH
WASHINGTON
STREET • SUITE 4

TWIN FALLS,
IDAHO 83301

208•736•8543

FAX: 736•8506

110 ✓
RECEIVED
JUN 30 2004
Department of Water Resources