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Department of Water Resources

FOR OFFICE USE ONLY

Amt. of Fee \$: _____

Receipt No. _____

Receipt By: _____

Date Received: 7-15-03

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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WATER RESOURCES
WESTERN REGION

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. 63-31503 Telephone No. (208) 384-3300

2. Name of Permit Holder(s): Bureau of Land Management

3. Mailing Address: 3948 Development Avenue

City Boise State ID Zip 83705

4. Source of Water: Groundwater If GROUNDWATER (well), Date Drilled: mo. 07 / yr. 01

Well Driller: Hiddleston Drilling Drilling Permit Number: _____

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

Domestic (No. of households): 1 Stockwater (No. and type of stock): _____

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

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: \$ (*) (See Fee Schedule on back of the instructions for filing proof of beneficial use)

(*) Fee to be paid by the Senior Center, South Fork Boise River Assc, Pine, ID

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

Name: Dave Owen, Committee Member Telephone Number: (208) 653-2359

Address: So. Fork Boise River Assc., 710 E. River View Circle, Pine, ID 83547

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: Michael Austin PH, 384-3339 Date: 7-15-03
(include your title, if on behalf of company or organization)

Realty Specialist
Bureau of Land Management

MICROFILMED

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