

DEC 14 1989

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

Department of Water Resources

RECEIVED
APR 26 1990

The Idaho Department of Water Resources will consider this form as 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 or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 37-08306 Telephone No. 208-726-3036Name(s) of Permit Holder(s): BARBI (LINDSAY) REED (MRS NEW NAME)Post Office Address: Box 597Source of Water: PARKER CULCH - ELKHORN

If ground water, well driller's name: _____ Date drilled: _____

Extent of Use:

Domestic _____ (No. of households)

Irrigation _____ (No. of acres)

Stockwater _____ (No. and type of stock)

Other aesthetic

Total rate and/or volume for which proof is submitted 0.20 cfs 5-20 acre/feet
no proof - estimate since stream is small -
 Show date water was first diverted and beneficially used under this permit: 6/87

One of the following may be a condition of approval of your permit:

Measuring device: Required? ? Yes ? NoInstalled? ? Yes X No

OR

Flow Measurement Port: Required? ? Yes ? NoInstalled? ? Yes X NoFee Enclosed: \$ 50.00 (See License Examination Fee Schedule)

* LET US KNOW IF THIS IS NOT CORRECT.

Person to contact to accompany the Department representative during the field examination:

Barbi Reed
Name208-726-3036 / 622-7776
Telephone No.414 MORNINGSTAR - ELKHORN - PO Box 597 KEITHUM
Address

ID 83342

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

JUN 19 1990

12/7/89
DateX Barbi Reed
Signature (and title if on behalf of a company or organization)