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JAN 03 2012

FOR OFFICE USE ONLY
Amt. of Fee \$: 50 --
Receipt No. 5032288
Receipt By: DB
Date Received: 12-28-2011

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DEC 28 2011
DEPT. OF WATER RESOURCES
SOUTHERN REGION

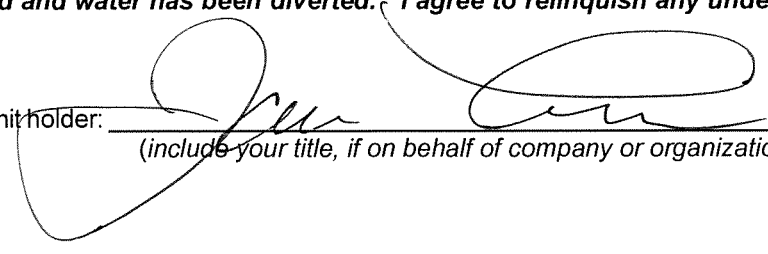
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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. 37-22576 Telephone No. (208) 788-3033
2. Name of Permit Holder(s): JAMES LUCKMAN
3. Mailing Address: P.O. Box 4068
City HAILEY State ID Zip 83333 Email: JLUCKMAN@AOL.COM
4. Source of Water: WELL-GROUNDWATER If GROUNDWATER (well), Date Drilled: mo. 4 / yr. 2011
Well Driller: DINT WORKS Drilling Permit Number: 860867 860868
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: GROUND SOURCE HEAT PUMP SYSTEM
6. Total rate of diversion and/or volume for which proof is submitted: .16 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 <u>X</u>
	Has the measuring device been installed?	Yes _____	or	No <u>X</u>
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: JAMES LUCKMAN Telephone Number (208) 788-3033
Address: 50 COTTONWOOD CREEK CIRCLE, HAILEY ID 83333
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: _____ Date: 12/21/11
(include your title, if on behalf of company or organization)