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RECEIVED
OCT 21 1998Department of Water Resources
Southern RegionSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY
 Amt. of Fee \$: NONE
 Receipt No.: NONE
 Receipt By: NONE
 Date Received: NONE
 10/21/98

GROUNDWATER
 .04 cfs or
 LESS (1.5)

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 who has been appointed by the department.

1. Permit No. 36-08713 Telephone No. (208) 536-2773
2. Name(s) of Permit Holder(s): Estate of Frank Cossen, Clara Cossen
3. Mailing Address: 3435 South 1800 East
4. Source of Water: _____ If GROUNDWATER (well), Date Drilled: mo. 6 / yr. 93
- a. Well Driller: Eaton Drilling (Wendell) Drilling Permit Number: _____
- b. OPTIONAL:
 Pump Horsepower: 3 Pressure (psi): 40-60 Dynamic pumping level (ft): 85 ft
5. Use(s) (as authorized by the water right permit):
- Domestic (No. of households): 2 Stockwater (No. and type of stock): 1000 Head Horses
- Irrigation (No. of acres): 2 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 _____ | } See Attach |
| Has the measuring device been installed? | Yes _____ or No _____ | |
| Flow Measurement Port: Is a flow measurement port required? | Yes _____ or No _____ | |
| Has the measurement port been installed? | Yes _____ or No _____ | |
8. Fee Enclosed: \$ NONE (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: SAM Cossen Telephone Number: (208) 536-5315, (208) 329 163
- Address: 3451-A South 1800 East Wendell Idaho 83355
10. The information given on this form 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.

Signature of permit holder: S-C Dairy Owner Partner [Signature] Date: 10/21/98
 (include your title, if on behalf of company or organization)

36-08713