



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

April 4, 2001

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

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APR 06 2001

Department of Water Resources
Southern Region

US DEPT OF INTERIOR
BUREAU OF LAND MANAGEMENT
15 EAST 200 SOUTH
BURLEY ID 83318

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NOS. 43-07327 & 43-07328

Dear Permit Holder:

The department acknowledges receipt of the proofs of beneficial use forms submitted for the above referenced permits. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

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.

If you have questions concerning the field examination, please contact the **Southern** Regional Office of the department in Twin Falls at (208) 736-3033.

Sincerely,

Deborah J. Gibson

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

✓ c: IDWR - Regional Office

43-7327

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 5025701
Receipt By: John Freter
Date Received: 03/29/01

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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Department of Water Resources
Southern Region

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. 43-07327 Telephone No. (208) 677-6626

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

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3. Mailing Address: 15 East 200 South
City Burley State ID Zip 83318 Department of Water Resources

4. Source of Water: Spring If GROUNDWATER (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____

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

Domestic (No. of households): _____ Stockwater (No. and type of stock): 875 Range Cattle
Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.02 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 ✓
Has the measuring device been installed? Yes _____ or No _____

8. Fee Enclosed: \$ 50⁰⁰/₁₀₀ (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: Steve Davis Telephone Number: 208-677-6626

Address: 15 E. 200 S., Burley, ID 83318

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: Steve R. Davis, Hydrologist Date: 3-27-01
(include your title, if on behalf of company or organization)