

OCT 05 2009

**FOR OFFICE USE ONLY**  
 Amt. of Fee \$: 50.00  
 Receipt No. N022301  
 Receipt By: ED  
 Date Received: 10-1-09

1. Permit No. 95-10750 Telephone No. (208) 661-3184

2. Name of Permit Holder(s): Shawn Montee

3. Mailing Address: PO Box 1329 City Post Falls

State ID Zip 83877 Email: shawnmontee@shawnmonteetimberco.com

4. Source of Water: Nettle Gulch Creek If **GROUND WATER** (well), Date Drilled: mo.        / yr.       

Well Driller: \_\_\_\_\_ Drilling Permit Number: \_\_\_\_\_

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): \_\_\_\_\_ Stockwater (No. and type of stock): 4 head of cattle

Irrigation (No. of acres): \_\_\_\_\_ Other: \_\_\_\_\_

6. Total rate of diversion or storage volume for which proof is submitted: \_\_\_\_\_ cfs OR 2.4 acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**

**Measuring Device:** Is a measuring device required?

If yes, has the measuring device been installed?

Yes ☐ No ☒

Yes ☐ No ☐

**Lockable Controlling Device:** Is a lockable device required to control the diversion?

**If yes, has the lockable device been installed?**

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/>            |

**Other Conditions of Permit:** Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☒ No ☐

8. Fee Enclosed: \$ 50.00 See fee schedule on back of the instructions for filing proof of beneficial use.  
Proofs filed without an appropriate fee, will be considered incomplete.

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

Name: Shawn Montee Telephone Number: (208) 661-0798

Mailing Address: PO Box 1329 City Post Falls

State ID Zip 83877 Email: shawnmontee@shawnmonteetimberco.com

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 and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: \_\_\_\_\_ Date: Sept. 30-09  
(include your title, if on behalf of company or organization)