

FOR OFFICE USE ONLY Amt.  
of Fee \$: \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Receipt By: \_\_\_\_\_  
Date Received: \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED  
JAN 24 2008

Department of Water Resources

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, and be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 63-31261 Telephone No. 208.890.2552
2. Name of Permit Holder(s): Daniel and/or Karen Hansen
3. Mailing Address: KD Bar Ranch, 6500 SE 7<sup>th</sup> Ave.  
City Caldwell State ID Zip 83607
4. Source of Water: Ground Water If **GROUNDWATER** (well), Date Drilled: mo.5 / yr.2001  
Well Driller: Riverside Inc. Drilling Permit Number: 15829 (Tag No.)  
Use(s) (as authorized by the water right permit):  
Domestic (No. of households): \_\_\_\_\_ Stockwater (No. and type of stock): \_\_\_\_\_  
Irrigation (No. of acres): 395 Other: Commercial Use: Dust Control
6. Total rate of diversion and/or volume for which proof is submitted: 4.01 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 _____    |
8. Fee Enclosed: \$ N/A (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: Mark Needs Telephone Number: 208.405.1387  
Address: KD Bar Ranch, 6300 SE 7<sup>th</sup> Ave., Caldwell, ID 83607

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: Daniel B. Hansen Karen Hansen Date: 1/3/08  
(include your title, if on behalf of company or organization)