

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 03 2008

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. 61-11952 Telephone No. 208-366-7521

2. Name of Permit Holder(s): Ronald & Deborah Smith

3. Mailing Address: PO Box 53

City Hammett State Id Zip 83627

4. Source of Water: Waste Water If GROUNDWATER (well), Date Drilled: mo. N/A / yr. N/A

Well Driller: N/A Drilling Permit Number: N/A

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

Domestic (No. of households): N/A Stockwater (No. and type of stock): N/A

Irrigation (No. of acres): three Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 15-18 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 X

Has the measuring device been installed?

Yes _____ or No X

8. Fee Enclosed: \$ Not Required (See Fee Schedule on back of the instructions for filing proof of beneficial use)
Title 3 Chapter 2 Beneficial Use Exam. Rules
37.03.02 Article 004. Paragraph 04

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

Name: Ron Smith Telephone Number: 208 366 7521

Address: 9759 W. Snake River St. Hammett Id 83627

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: Ronald Smith Date: 12-29-2007
(include your title, if on behalf of company or organization)

Water flow is Intermittent - Not a steady flow Annually -
Water is Irrigation Waste Water - & At Best may flow 3-6 hr/week
maybe.