Form No. 217
05/03

RECEIVED
2007
DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY
Amt. of Fee $: 50.00
Receipt No. C084814
Receipt By: KAW
Date Receipted: 8/24/07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Milk Creek W.D.

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. 74-15622 Telephone No. 208-756-5108
2. Name of Permit Holder(s): U.S. DEPT OF AGRICULTURE, SALMON-CHALLIS NATIONAL FOREST
3. Mailing Address: 1206 S. CHALLIS STREET

   City SALMON State ID Zip 83467
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): 200 Cattle

   Irrigation (No. of acres): ____ Other: ____
6. Total rate of diversion and/or volume for which proof is submitted: .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 X
   Has the measuring device been installed? Yes ____ or No ____
8. Fee Enclosed: $ 50.00 (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: BEN GARECHANA Telephone Number: 208-756-5205

   Address: 311 MCPHERSON STREET, SALMON, ID 83467
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: ____ Date: 8/14/07
(*include your title if on behalf of company or organization*)
(for) Jack Troyer, Regional Forester