

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00 / \$75.00
Receipt No. 0077895 / 0084005
Receipt By: ML / RMB
Date Received: 5-12-05 / 5/3/07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

MAY 12 2005
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, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 15-7243 Telephone No. (208) 766-2629

2. Name of Permit Holder(s): Eldon L. John

3. Mailing Address: 62 South Main Street,

City Malad City State Idaho Zip 83252

4. Source of Water: Ground (farm) If GROUNDWATER (well), Date Drilled: mo. Dec yr. 2003

Well Driller: Mtn West Well Drilling Drilling Permit Number: 0032158

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

Domestic (No. of households): none Stockwater (No. and type of stock): 45 head Black Angus

Irrigation (No. of acres): 60 Acres Other: none

6. Total rate of diversion and/or volume for which proof is submitted: 1.30 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 NO
Has the measuring device been installed? Yes _____ or No 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: State of Idaho, Eastern District Office
Dept. of Water Resources Telephone Number: (208) 525-7177

Address: 900 N. Skyline Dr., Suite A, Idaho Falls, ID 83402-1718

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: Eldon L. John, owner Date: May 9, 2005
(include your title, if on behalf of company or organization)