

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C082871
Receipt By: AMB
Date Received: 12-20-06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

DEC 20 2006

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. 85-15465 Telephone No. 208-926-4474 OR 4578
2. Name of Permit Holder(s): RAY A. MARTIN SAM A. MARTIN
LULA BELLE MARTIN CODI M. MARTIN
3. Mailing Address: HC66 BOX 454 PO BOX 285
KOOSKIA, ID 83539 STITES, ID 83552

City _____ State _____ Zip _____

4. Source of Water: GROUNDWATER (WELL) If GROUNDWATER (well), Date Drilled: mo. NOV / yr. 2002
Well Driller: STUIVenga VESSEY DRILLING Drilling Permit Number: WELL TAG* D 0022929

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

Domestic (No. of households): (2) TWO Stockwater (No. and type of stock): _____
Irrigation (No. of acres): (2) TWO Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.12 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 ✓
Has the measuring device been installed? Yes _____ or No ✓

CHECK # 2416 - \$25.00
CHECK # 2486 - \$25.00

NOTE: FOR 0.12 CFS AS PER FEE SCHEDULE

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: RAY A. MARTIN Telephone Number: 208-926-4474
HC66 BOX 454
Address: KOOSKIA, ID 83539

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: LULA BELLE MARTIN Date: DEC. 14, 2006
(include your title, if on behalf of company or organization)

Ray A. Martin
RAY A. MARTIN
Lula Belle Martin
SAM A. MARTIN
Codi M. Martin
CODI M. MARTIN