

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 1018337
Receipt By: BS
Date Received: 5/9/07

STATE OF IDAHO
RECEIVED DEPARTMENT OF WATER RESOURCES

MAY 07 2007

DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED

MAY 03 2007

IDWR/North

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. 98-07851 Telephone No. (208) 290-7823

2. Name of Permit Holder(s): Scott Soultis & Lisa Soultis

3. Mailing Address: HC1 Box 400M

City Naples State ID Zip 83847

4. Source of Water: Unmanned Stream If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Tributary (Deep Creek)

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): _____

Irrigation (No. of acres): _____ Other: Fire Protection & Wildlife Storage

6. Total rate of diversion and/or volume for which proof is submitted: _____ cfs OR 1.5 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: \$ 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: Scott Soultis Telephone Number: (208) 290-7823

Address: HC1 Box 400M Naples, ID 83847

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: [Signature]

(include your title, if on behalf of company or organization)

Date: 4/21/07