

2084416
RECEIVER

JUN 25 2007

FOR OFFICE USE ONLY
Amt. of Fee \$: 150.00
Receipt No. 0925011
Receipt By: SM
Date Received: 10-29-04
RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

OCT 29 2004

DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

UTILITY

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. 96-9146 Telephone No. 208 266-0456
2. Name of Permit Holder(s): IRIS A DEMAYRO
3. Mailing Address: P.O. Box 433
City CLARK FORK State ID Zip 83811
4. Source of Water: groundwater If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: #20 WELL SERVICES INC Drilling Permit Number: 96-W-3
WELL NO 519 WELL TAG 28027 12/5/02
WELL NO 520 WELL TAG 28026 12/4/02
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .10 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: Douglas Croenheit Telephone Number: 208-266-0456
Address: 299 SHADOW VALLEY LANE CLARK FORK ID 83811
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: Iris A Demayro Date: 10-25-04
(include your title, if on behalf of company or organization)