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7 1 3 2007

COMMITMENT OF HUMAN RESOURCES

1. Permit No. 2-10327 Telephone No. 1-408-296-5172

2. Name of Permit Holder(s): Red Rock Rural Homeowners Assn.

3. Mailing Address: 6622 Red Rock Road

City Marsing State Id. Zip 83639

4. Source of Water: Suck Creek If **GROUNDWATER** (well), Date Drilled: mo. — / yr. —

Well Driller: _____ Drilling Permit Number: _____

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: Pond / Wetland for goose / Ducks / Fish / Wildlife

6. Total rate of diversion and/or volume for which proof is submitted: 1.00 cfs OR 27.0 acre-feet

(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Yes ☒ or No

Yes or No

8. Fee Enclosed: \$ \$100.00 (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: Cleon L. May Telephone Number: 459-69-1 724-3343

Address: 6622 Red Rock Road Marsing Idaho 83639

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: Cliff J. May (Pres.) Red Rock Band Association Date: 5/9/07
(include your title, if on behalf of company or organization) *ASSN.*