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SEP 03 2004

Department of Water Resources

1. Permit No. 65-13852 Telephone No. (208) 334-0200

2. Name of Permit Holder(s): Idaho Department of Lands

3. Mailing Address: 954 W Jefferson PO Box 83720

City Boise State 1D Zip 83720-0050

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

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): 220 cattle

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.02 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 x

8. Fee Enclosed: \$ _____ (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: Rebecca Beavers Telephone Number: (208) 334-3488

Address: 8355 W State Street - Boise ID 83714

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: John J. Dwyer Area Supervisor Date: 7/2/04
(include your title, if on behalf of company or organization)