

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 01 1997

PROOF OF BENEFICIAL USE

Department of Water Resources

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 who has been appointed by the department.

1. Permit No. 11-07426 Telephone No. (208) 334-4199
2. Name(s) of Permit Holder(s): STATE OF IDAHO DEPT. OF PARKS & RECREATION
3. Mailing Address: P.O. Box 83720 BOISE ID 83720-0065
4. Source of Water: GROUNDWATER If GROUNDWATER (well), Date Drilled: mo. MAY / yr. 1996
 - a. Well Driller: WRIGHT DRILLING CO. Drilling Permit Number: 11-95-G-0029-00
 - b. OPTIONAL:
Pump Horsepower: 5 HP Pressure (psi): 83 PSI Dynamic pumping level (ft): _____
5. Use(s) (as authorized by the water right permit):

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

Irrigation (No. of acres): 5.0 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.15 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 <u>X</u> or No _____
	Has the measuring device been installed?	Yes _____ or No <u>X</u>
Flow Measurement Port:	Is a flow measurement port required?	Yes _____ or No _____
	Has the measurement port 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: KIRK RICH Telephone Number: 208-945-2790

Address: P.O. Box 297, PARIS, ID 83261
10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the State of Idaho.

IDAHO DEPT OF PARKS & RECREATION

Signature of permit holder: [Signature] Date: 9/22/97
(include your title, if on behalf of company or organization)