



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov.

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

April 24, 2006

GREGORY A TORLINE
1802 E LITTEN LN
HARRISON ID 83833

RE: PERMIT NO. 95-9326

Dear Permit Holder:

Enclosed is the original Proof of Beneficial Use form ("proof") you filed with the Department. I am returning this document to you because the department cannot accept it without the appropriate license exam fee, or a Beneficial Use Field Report from a certified water right examiner. (This fee is specifically for the preparation of a Beneficial Use Field Report prepared by a department examiner, and is the final step before issuance of a license.) You were permitted for a surface water source (spring) for a diversion rate of 0.04 cfs. Therefore, your fee would be \$50.00. Please see the fee schedule attached to the proof.

Please return the enclosed proof form along with your check for \$50.00, to my attention on or before **April 1, 2007** to avoid lapsing of this water right. If you have any questions regarding filing the proof, please contact me at (208) 287-4942, or contact the regional office in Coeur d'Alene at (208) 769-1450.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure

NO ✓

Copy - Original
Returned
No fee
for pt.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED

APR 17 2006

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.

1. Permit No. 95-09326 Telephone No. (208)-667-8550

2. Name of Permit Holder(s): GREGORY A. TORLINE

3. Mailing Address: 1802 E LITTEH LANE

City HARRISON State ID Zip 83833

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): 1 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 2 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.04 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?
Has the measuring device been installed?

Yes _____ or No X
Yes _____ or No X

8. Fee Enclosed: \$ N/A (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: JANET OR GREGORY A. TORLINE Telephone Number: (208) 667-8550

Address: 1802 E LITTEH LANE HARRISON, ID 83833

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: Gregory A. Torline Date: 4/14/06
(include your title if on behalf of company or organization)