Form No. 217
05/03

FOR OFFICE USE ONLY
Amt. of Fee $: 50.00
Receipt No. 0082499
Receipt By: amb
Date Receipted: 10-30-06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

*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. 74-7387 Telephone No. 208-768-2100
2. Name of Permit Holder(s): Tom & Evelyn Carlson
3. Mailing Address: PO Box 208
   City Leadore State Id Zip 83467
4. Source of Water: Springs 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): 2 Stockwater (No. and type of stock): 200 Range Cattle
   Irrigation (No. of acres): ___ Other: ___
6. Total rate of diversion and/or volume for which proof is submitted: .08 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 orno. 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: Tom or Evelyn Carlson Telephone Number: 208-768-2100
   Address: PO Box 206 Leadore, Id 83464
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: Tom Carlson Evelyn R. Carlson Owner Date: 10-25-06
(include your title, if on behalf of company or organization)