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OCT 17 2006

DEPARTMENT OF
WATER RESOURCES
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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IDWR/North

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. 81-11979 Telephone No. (208) 983-1950

2. Name of Permit Holder(s): U.S. Dept. of Agriculture - Forest Service

3. Mailing Address: 1005 Highway 13

City Grangeville State ID Zip 83530

4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. Aug / yr. 2003

Well Driller: Stuivenga Vessey Drilling Drilling Permit Number: 807055

5. Use(s) (as authorized by the water right permit):

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

Irrigation (No. of acres): _____ Other: Public Campground - O'Hara Campground

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?

Yes _____ or No X

Has the measuring device been installed?

Yes _____ or No _____

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: Michael Shoup Telephone Number: (208) 983-1950

Address: 1005 Highway 13 Grangeville, ID 83530

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: Jane Lottell Forest Supervisor Date: 10-2-06

(include your title, if on behalf of company or organization)