

RECEIVED
OCT 13 2006
DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C082392
Receipt By: AMB
Date Received: 10.13.06

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. 63-32177 Telephone No. (208) 634-3804
2. Name of Permit Holder(s): John Hauck
3. Mailing Address: P.O. Box 2137
City McCall State ID Zip 83638
4. Source of Water: Unnamed Slough 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): _____
Irrigation (No. of acres): _____ Other: Wildlife Storage
6. Total rate of diversion and/or volume for which proof is submitted: _____ cfs OR 13.8 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 <u>X</u> | 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: Jon C. Gould Telephone Number: (208) 342-4591
Address: P.O. Box 2773, Boise, Idaho 83701
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: _____

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

Date: 10/7/06