

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C082089
Receipt By: AMB
Date Received: 9-5-06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

SEP 05 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. 63-31958 Telephone No. (208) 674-2415
 2. Name of Permit Holder(s): Polly J. Hyde
 3. Mailing Address: P.O. Box 9
City Parma State ID Zip 83660
 4. Source of Water: Ground Water If **GROUNDWATER** (well), Date Drilled: mo. April / yr. 1996
Well Driller: Adamson Pump & Drilling Drilling Permit Number: 730269
 5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): 10 range cattle & horses
Irrigation (No. of acres): 10 Other: _____
 6. Total rate of diversion and/or volume for which proof is submitted: 0.20 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 <u>X</u>
	Has the measuring device been installed?	Yes _____ or No <u>X</u>
 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: Polly Hyde or Paul Hyde Telephone Number: (208) 674-2415
Address: 2662 Elmore Road Parma (N. Acres Area), Idaho
 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: Polly J. Hyde Date: 9/1/2006
(include your title, if on behalf of company or organization)