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Receipt By: AMS
Date Received: 7/24/06

DEPARTMENT OF
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. 98-7804 Telephone No. (208) 265-4270
2. Name of Permit Holder(s): Skin Creek Water Assn
3. Mailing Address: P.O. Box 1441
City Bonnars Ferry State ID Zip 83805
4. Source of Water: Skin Creek If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
5. Use(s) (as authorized by the water right permit): MUNICIPAL
Domestic (No. of households): 75 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 37 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.12 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 _____
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: Bob Hansen Telephone Number: (208) 265-4270
Address: 67 Wild Horse Trail, Sandpoint, ID 83864
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: Robert Hansen, Licensed System Op. Date: 7/21/06
(include your title, if on behalf of company or organization)

address chg recorded - CR