

FOR OFFICE USE ONLY
Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

FEB 28 2006

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. 32-13213 Telephone No. (208) 524-7500
2. Name of Permit Holder(s): USDOI - Bureau of Land Management
3. Mailing Address: 1405 Hollipark Dr.
City Idaho Falls State ID Zip 83401
4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 08 / yr. 03
Well Driller: Mike Knie (Knie Pump & Drilling) Drilling Permit Number: 0029754 (Well Tag. #)
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): Campground Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: Domestic use for up to 1000 people at a time
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 ☒
Has the measuring device been installed? Yes _____ or No _____
8. Fee Enclosed: \$ 0 (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: Wendy Velman Telephone Number: (208) 524-7500
Address: 1405 Hollipark Dr., Idaho Falls, ID 83401
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: Wendy Reynolds ^{Upper Snake} Field Office Manager Date: 2/24/06
(include your title, if on behalf of company or organization)