

JUN 16 2006

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. NA17662
Receipt By: [Signature]
Date Received: 6/13/06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED
JUN 13 2006
IDWR/North

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. 96-9075 Telephone No. _____
2. Name of Permit Holder(s): UEBERROTH FAMILY TRUST % MICK BLAKELY
3. Mailing Address: 16284 RIM ROCK RD
City HAYDEN State ID Zip 83835
4. Source of Water: UNNAMED STREAM if GROUNDWATER (well), Date Drilled: mo. _____ / yr. _____

BENEFICIAL USE	PERIOD OF USE	RATE OF DIVERSION	ANNUAL VOLUME
IRRIGATION	04/01 to 10/31	0.20 CFS	
IRRIGATION STORAGE	01/01 to 12/31		2.0 AF
IRRIGATION FROM STORAGE	04/01 to 10/31		2.0 AF
DIVERSION TO STORAGE	01/01 to 12/31	0.20 CFS	
STOCKWATER STORAGE	01/01 to 12/31		2.0 AF
STOCKWATER FROM STORAGE	01/01 to 12/31		2.0 AF
FIRE PROTECTION STORAGE	01/01 to 12/31		2.0 AF
RECREATION STORAGE	01/01 to 12/31		2.0 AF

Measuring Device: Is a measuring device required?
Has the measuring device been installed?

Yes _____ or No _____
Yes _____ or No _____

8. Fee Enclosed: \$ 50 (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: SAME AS ABOVE Telephone Number: _____
Address: _____

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: Virginia Ueberroth Date: 6-9-06
(include your title, if on behalf of company or organization)

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Well Driller: _____ Drilling Permit Number: _____

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

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

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .20 cfs OR 2.0 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?
Has the measuring device been installed?

Yes _____ or No X
Yes _____ or No _____

8. Fee Enclosed: \$ 50 (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: SAME AS ABOVE Telephone Number: _____

Address: _____

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:

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

Date: 6-9-06