

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**PROOF OF BENEFICIAL USE**

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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. 79-14134 Telephone No. (208) 983-0262
  2. Name of Permit Holder(s): Buy-The-Way LLC
  3. Mailing Address: P.O. Box 711  
City Grangeville State ID Zip 83530
  4. Source of Water: Johns Creek 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: Aesthetic Storage/Recreation Storage
  6. Total rate of diversion and/or volume for which proof is submitted: 0.15 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)  

|                          |                                          |           |    |             |
|--------------------------|------------------------------------------|-----------|----|-------------|
| <b>Measuring Device:</b> | Is a measuring device required?          | Yes _____ | or | No <u>✓</u> |
|                          | Has the measuring device been installed? | Yes _____ | or | No <u>✓</u> |
  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: Kevin C Tomlinson Telephone Number: 208-983-2707 or 983-6538  
Address: P.O. Box 711, Grangeville, Idaho 83530
  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: Debra L Tomlinson, Secretary Date: 1-10-2006  
(include your title, if on behalf of company or organization)