

FOR OFFICE USE ONLY

Amt. of Fee \$: 100.00

Receipt No. 6081429

Receipt By: RAW

Date Received: 6/7/06

per
dg

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 28 2006

PROOF OF BENEFICIAL USE

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. 61-07738 Telephone No. 208 587 6374

2. Name of Permit Holder(s): Theodore W & Rita S Hoffman

3. Mailing Address: 600 NE Broken Circle Dr

City Mtn Home State ID Zip 83647

4. Source of Water: waste water 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): 38 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 176 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?
Has the measuring device been installed?

Yes _____ or No X
Yes _____ or No _____

8. Fee Enclosed: \$ 100.00 (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: TED Hoffman Telephone Number: 208 587 6374

Address: Same as above

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: [Signature] Date: 6/24/06
(include your title, if on behalf of company or organization)