

FOR OFFICE USE ONLY  
Amt. of Fee \$: 150.00  
Receipt No. 6035011  
Receipt By: AM  
Date Received: 10-29-04

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 29 2004

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. 96-9144 Telephone No. 208-266-0456
2. Name of Permit Holder(s): IRIS A De Mauro
3. Mailing Address: P.O. Box 433  
City CLARK Fork State ID Zip 83864
4. Source of Water: ground water If **GROUNDWATER** (well), Date Drilled: mo. \_\_\_\_\_ / yr. \_\_\_\_\_  
Well Driller: H2O WELL SERVICE WC Drilling Permit Number: 96-W-1  
WELL NO 521 WELL TAG 28053 12/6/02  
WELL NO 524 WELL TAG 28057 12/12/02  
WELL NO 526 WELL TAG 28058 12/16/02
5. Use(s) (as authorized by the water right permit):  
Domestic (No. of households): 1 Stockwater (No. and type of stock): \_\_\_\_\_  
Irrigation (No. of acres): \_\_\_\_\_ Other: \_\_\_\_\_
6. Total rate of diversion and/or volume for which proof is submitted: 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 X  
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: Douglas Groenhout Telephone Number: 208-266-0456  
Address: 299 SHADOW VALLEY LANE CLARK Fork ID 83811
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: IRIS A De Mauro Date: 10-25-04  
(include your title, if on behalf of company or organization)