

Amt. of Fee \$: 50 -
Receipt No. W033612
Receipt By: DB
Date Received: 11-18-05

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NOV 18 2005

WATER RESOURCES
WESTERN REGION

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. 55-13834 Telephone No. 208 896-5912
2. Name of Permit Holder(s): U.S. Dept. of the Interior, Bureau of Land Management
3. Mailing Address: 20 1st Ave West
City Marsing State ID Zip 83639
4. Source of Water: Spring 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): 555 Range cattle
Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.02 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 <u>X</u>
	Has the measuring device been installed?	Yes _____ or No <u>X</u>
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: Raul Trevino Telephone Number: 208-896-5915
Address: 20 First Ave west Marsing ID 83639
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] OLWMS/LWB Acting Oversight Manager Date: 11-16-2005
(include your title, if on behalf of company or organization)

