

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00/xx
Receipt No. 0030202
Receipt By: JMC
Date Received: 1-31-06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 31 2006

DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

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. 84-12195 Telephone No. 208-476-7004
2. Name of Permit Holder(s): EDWARD D. ~~TR~~ ROSE M. TROUTWINE
3. Mailing Address: 2264 OROFINO CREEK ROAD
City OROFINO State ID Zip 83544
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): (SEE ATTACHMENT)
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: 0.007326 cfs OR _____ acre-feet
(SEE ATTACHMENT)
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 _____
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: EDWARD D. TROUTWINE Telephone Number: 208-476-7004
Address: 2264 OROFINO CREEK ROAD OROFINO, ID 83544
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.

1/27/06

Date: 1/27/06

Signature of permit holder: Edward D. Troutwine
Rose M. Troutwine
(include your title, if on behalf of company or organization)