

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

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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. 96-9106 Telephone No. 208 623 2707

2. Name of Permit Holder(s): Clyde Owens

3. Mailing Address: 1685 Paisley Rd

City Spirit Lake State ID Zip 83869

4. Source of Water: Spring 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): 1520 All types

Irrigation (No. of acres): 2 Other: fish ponds

6. Total rate of diversion and/or volume for which proof is submitted: .06 cfs OR 5.0 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: \$ 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: Clyde Owens Telephone Number: 208 623 2707

Address: 1685 Paisley Rd Spirit Lake ID 83869

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: Clyde Owens  
(include your title, if on behalf of company or organization)

Date: 11/07/2005