

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00
Receipt No.: W033574
Receipt By: JB
Date Received: 11-4-05

*Should questions arise during the processing of this application please contact:
Steven Hannula - ERO Resources Corp. (208) 373-7983*

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**

PROOF OF BENEFICIAL USE

RECEIVED

NOV 04 2005

**WATER RESOURCES
WESTERN REGION**

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.

RECEIVED

NOV 16 2005

Department of Water Resources

1. Permit No. 63-31593 Telephone No. (208) 344-4224
2. Name of Permit Holder(s): Ron Sali
3. Mailing Address: 100 N. 9th St, Suite 200
City: Boise State: Idaho Zip: 83701
4. Source of Water: Unnamed Drain 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): _____ Other: Wildlife storage, Fish habitat storage
6. Total rate of diversion and/or volume for which proof is submitted: ____ cfs **OR** 2 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 X
8. Fee Enclosed: \$ 50 (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: Ron Sali Telephone Number: (208) 344-4224
Address: 100 N. 9th St., Suite 200, Boise, ID 83701
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: _____

(include your title, if on behalf of company of organization)

Date: 7-7-05