Form 217
11/91

OFFICE USE ONLY
Amt. of Fee $ 100.00
Date 10-30-92
Receipt No. 102588
Receipt by

RECEIVED
OCT 30 1992
Department of Water Resources

STATE OF IDAHO
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 a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 85-07552 Telephone No. 208-476-5139
2. Name(s) of Permit Holder(s): JOHN G. FITZGERALD.
3. Mailing Address: P.O. BOX 1686 OROFINO, IDAHO. 83544
4. Source of Water: CLEARWATER RIVER.

   If **GROUNDWATER**, Well Driller's Name: _____ Date Drilled: _____

   OPTIONAL:
   Pump horsepower: 10HP Pressure (psi): 235 Dynamic pumping level (ft.): 50'
5. Extent of Use (as authorized by the permit):

   Domestic _____ (No. of households) Stockwater _____ (No. and type of stock)

   Irrigation 12 (No. of acres) Other _____
6. Total rate and/or volume for which proof is submitted 0.24 cfs **OR** _____ acre/feet
7. Refer to the approval conditions on your permit and respond accordingly:

   Measuring device: Required? ___ Yes ___ No Installed? ___ Yes ___ No

   OR

   Flow Measurement Port: Required? ___ Yes ___ No Installed? ___ Yes ___ No
8. Fee Enclosed: $ 100.00 (See License Fee Schedule on back of Instruction Sheet)
9. Person to contact to accompany the Department representative during field examination of the water system.

   JOHN G. FITZGERALD 208-476-5139
   Name Telephone No.

   BOX 1686 OROFINO, IDAHO, 83544
   Address
10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

MICROFILMED
DEC 11 1992

10-27-92 John M. Fitzgerald
Date Signature (and title, if on behalf of a company or organization)