

FOR OFFICE USE ONLY
Amt. of Fee \$: 200.00
Receipt No. CO 78062
Receipt By: jm
Date Received: 5/25/05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FS# 11-136

RECEIVED

MAY 25 2005

PROOF OF BENEFICIAL USE

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. 74-15034 Telephone No. 208-756-5100
2. Name of Permit Holder(s): U.S.D.A. FOREST SERVICE, SALMON-CHALLIS NATIONAL FOREST
3. Mailing Address: 50 HWY 93 SOUTH
City SALMON State ID Zip 83467
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): 500 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 X
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: RUSS RIEBE Telephone Number: 208-768-2516
Address: LEADORE Ranger District, 176 N. Railroad St., LEADORE ID, 83464
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] Date: 5/17/05
(include your title if on behalf of company or organization)

(for) Jack Troyer, Regional Forester