

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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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 who has been appointed by the department.

1. Permit No. 75-14149 Telephone No. (208) 754-4241

2. Name(s) of Permit Holder(s): JOHN WAYNE CAMPBELL

3. Mailing Address: PO Box 49 CARMEN ID 83462

4. Source of Water: Springs If GROUNDWATER (well), Date Drilled: mo. ____ / yr. ____

a. Well Driller: ____ Drilling Permit Number: ____ - ____ - ____

b. **OPTIONAL:**
Pump Horsepower: ____ Pressure (psi): ____ Dynamic pumping level (ft): ____

5. Use(s) (as authorized by the water right permit):

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: .04 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 2
Has the measuring device been installed? Yes ____ or No ____

Flow Measurement Port: Is a flow measurement port required? Yes ____ or No 0
Has the measurement port 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: SAME AS ABOVE Telephone Number: ____

Address: ____

10. The information given on this form 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.

Signature of permit holder: John Wayne Campbell Date: 4/5/05
(include your title, if on behalf of company or organization)