Form 217
6/00

RECEIVED

NOV 17 2004

Department of Water Resources
Southern Region

For Office Use Only
Amount of Fee $: 50.00
Date Receipted: 11/18/2004
Receipt by: P. SKINNER
Receipt No.: 5027172

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** be accompanied by a completed field examination report prepared by a certified water right examiner.*

1. Permit No.: 37-20551 Telephone No.: (425) 460-2500
2. Name of Permit Holder(s): South Cove Ventures, LLC
3. Mailing Address: c/o Chuck Hill, P.O. Box 1607

   City: Bellevue State: WA Zip: 98009
4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____

   Well Driller: _____ Drilling Permit No.: _____
5. Use(s) *(as authorized by the water right permit)*:

   Domestic (No. of households): _____ Stockwater (No. and type of stock): 1000 range

   Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which period proof is submitted: 0.04 cfs OR 6.6 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
   Has the measuring device been installed? ☐ Yes **or** ☒ No
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: Rod Gonsales Telephone Number: (208) 764-3009

   Address: Route 1, P.O. Box 2070, Corral, ID 83322
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 underdeveloped portion of the permit to the State of Idaho.***

Signature of permit holder: _____ Date: 10/29/04
(include your title, if on behalf of company of organization)
Charles E. Hill, President