

FOR OFFICE USE ONLY

Amt. of Fee \$:

Receipt No. 37-90-S-046

Receipt By: MC

Date Received: 3-1-05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

MAR 01 2005

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. 37-8900 Telephone No. (208) 788-0203

2. Name of Permit Holder(s): Sage Springs Homeowners Assn. Inc.

3. Mailing Address: c/o Mike Walsh, P.O. Box 2627

City Hailey State ID Zip 83333

4. Source of Water: ground water If **GROUNDWATER** (well), Date Drilled: mo. March/ / yr. 1998

Well Driller: Wood River Drilling Drilling Permit Number: 37-90-S-046 ; 37-90-S-133

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

Domestic (No. of households): 20 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: fire protection

6. Total rate of diversion and/or volume for which proof is submitted: 0.6 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 X

8. Fee Enclosed: \$ 100 (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: Mike Walsh Telephone Number: (208) 788-0203

Address: P.O. Box 2627m Hailey, ID 83333

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.

Sage Springs Homeowners Association, Inc.

Signature of permit holder: J. P. Spade attorney-in-fact Date: 2-28-05
(include your title, if on behalf of company or organization)