

FOR OFFICE USE ONLY  
Amt. of Fee \$: 500  
Receipt No. COTB114  
Receipt By: mc  
Date Received: 9-20-04

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 20 2004

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. 67-08038 Telephone No. 541-889-7528

2. Name of Permit Holder(s): HOWARD A. HEMINGER

3. Mailing Address: 323 SNOWMOODY WAY

City ONTARIO State OREGON Zip 97914-8423

4. Source of Water: SURPRISE CREEK 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): 1 Stockwater (No. and type of stock): 20

Irrigation (No. of acres): 1/2 Other: \_\_\_\_\_

6. Total rate of diversion and/or volume for which proof is submitted: 0.06 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?  
Has the measuring device been installed?

Yes \_\_\_\_\_ or No ☒  
Yes \_\_\_\_\_ or No ☒

8. Fee Enclosed: \$ 50<sup>00</sup> CK# 22364 (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: HOWARD A. HEMINGER Telephone Number: H.O.F. 541-889-7528  
CELL 208-230-3316

Address: 323 SNOWMOODY WAY, ONTARIO, OREGON 97914-8423

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: 9-16-04  
(include your title, if on behalf of company or organization)