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APR 20 2005
DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

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APR 15 2005

IDWR/North

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. 87-10030 Telephone No. 208 882-2068

2. Name of Permit Holder(s): Walter H. & Linda F. Carlson

3. Mailing Address: 1059 Flannigan Creek Rd

City Viola State ID Zip 83872

4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. Prior 1987 / yr.

Well Driller: Unknown Drilling Permit Number: - - - - -

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

Has the measuring device been installed?

Yes or No

8. Fee Enclosed: \$ NA (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 Telephone Number:

Address: Contact Prior to exam

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: 8/15/05
(include your title, if on behalf of company or organization)