

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 08-18871
Receipt By: MC
Date Received: 8-15-05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED
AUG 15 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. 96-09162 Telephone No. 208-263-8229

2. Name of Permit Holder(s): Eugene and Robin Maw

3. Mailing Address: P.O. Box 416

City Lacleda State Id Zip 83841

4. Source of Water: Riley 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): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 4.5 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 0.04 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 X

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: Eugene or Robin Maw Telephone Number: 208-263-8229

Address: P.O. Box 416, Lacleda, 4494 North Riley Creek, Lacleda

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: Eugene Maw
Robin Maw Date: 8/16/05
(include your title, if on behalf of company or organization)