

FOR OFFICE USE ONLY
Amt. of Fee \$: 150.00
Receipt No. C079391
Receipt By: MC
Date Received: 10-18-05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 18 2005

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. 67-14433 Telephone No. (208)5492265 or (310)4575007

2. Name of Permit Holder(s): MARC AGOSTINI

3. Mailing Address: 6703 DUNE DRIVE

City MALIBU State CA Zip 90265

4. Source of Water: GROUND / COVE CREEK If GROUNDWATER (well), Date Drilled: mo. 07 / yr. 04

Well Driller: TREASURE VALLEY PUMP Drilling Permit Number: 804514

5. Use(s) (as authorized by the water right permit): WELL TAG D0020551

Domestic (No. of households): 2 Stockwater (No. and type of stock): WILDLIFE STORAGE

Irrigation (No. of acres): 2 Other: WILDLIFE POND STORAGE

6. Total rate of diversion and/or volume for which proof is submitted: 2.00 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: \$ 150.00 (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: BEN SHELBY Telephone Number: 541 2623216

Address: 441 PEACH ROAD, OREGON SLOPE, OREGON 97914

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: 10/10/05
(include your title, if on behalf of company or organization)