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OCT 14 2003

FOR OFFICE USE ONLY
Amt. of Fee \$ 50.00
Receipt No. 1069771
Receipt By: [Signature]
Date Received: 6-30-03

STATE OF IDAHO
Department of Water Resources
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 30 2003

PROOF OF BENEFICIAL USE

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. 85-15335 Telephone No. (208) 983-1584-441
2. Name of Permit Holder(s): RAY AND PAHI PETERSEN (208) 983-7161 PAHISELL
3. Mailing Address: 272 BOX 410
City GRANGEVILLE State ID Zip 83530
4. Source of Water: BUTCHER CREEK If GROUNDWATER (well), Date Drilled: mo. N/A yr. N/A
Well Driller: N/A Drilling Permit Number: N/A
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): N/A Stockwater (No. and type of stock): N/A
Irrigation (No. of acres): N/A Other: STORAGE IN THE FORM OF A POND FOR RECREATION AND WILDLIFE USE.
6. Total rate of diversion and/or volume for which proof is submitted: .20 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: \$ 50.00 (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: PAHI PETERSELL Telephone Number: (208) 983-1584-HOME
(208) 983-7161-CELL
Address: 272 BOX 410 GRANGEVILLE, ID 83530
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: 6/27/03
(include your title, if on behalf of company or organization)

MICROFILMED

MAR 29 2004