



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

June 9, 2003

DON C WORKMAN
1454 E 7400 N
PRESTON ID 83263

RE: PERMIT NO. 13-7635 AND 13-7636

Dear Mr. Workman:

Enclosed is the original Proof of Beneficial Use forms ("proof") you filed with the Department, I am returning these documents to you since the department cannot accept them without the appropriate license exam fee or a Beneficial Use Field Report done by a certified water right examiner. The only time a fee is waived for a proof is if the rate of diversion is 0.04 cubic feet per second ("cfs") or less for a ground water (well) right. Since you were permitted a Maximum Diversion Rate of 0.02 cfs for each of these permits, your license exam fee is \$50.00 for each. Please see the enclosed fee schedule.

Please return the enclosed proof forms along with \$100.00 to my attention on or before **June 1, 2004** to avoid lapsing of this water right. If you have any questions regarding filing the proof, please contact me at (208) 327-7953, or contact the regional office in Idaho Falls at (208) 525-7161.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure

c: IDWR- Region

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OCT 07 2003

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN - 6 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. 13-07635 Telephone No. 208-852-3602

2. Name of Permit Holder(s): Don C. Workman

3. Mailing Address: 1454 E. 7400 N.

City Preston State Idaho Zip 83263

4. Source of Water: Spring 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): 100 Range Cattle

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

6. Total rate of diversion and/or volume for which proof is submitted: 0.02 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 X

8. Fee Enclosed: \$ _____ (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: Don C. Workman Telephone Number: 208-852-3602

Address: 1454 E. 7400 N. Preston, Idaho 83263

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: Don C. Workman Date: 6-4-03
(include your title, if on behalf of company or organization)

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