

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. CO 1622
Receipt By: P. Maitre
Date Received: NOV - 1 2004
DEPARTMENT OF
WATER RESOURCES
RECEIVED

STATE OF IDAHO
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. 95-09236 Telephone No. (208) 667-8726
2. Name of Permit Holder(s): Thomas O. Maitre / Ellen C. Maitre
3. Mailing Address: 3525 So. Stach Rd.
City Coeur d'Alene State ID Zip 83814
4. Source of Water: _____ If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. 1986
Well Driller: Don't know Drilling Permit Number: Don't know
well is 397' deep
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): 2 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.10 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 <u>✓</u>
	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: Ellen C. Maitre Telephone Number: (208) 667-8726
Address: 3525 So. Stach Rd. Coeur d'Alene, ID 83814
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: Thomas O. Maitre Ellen C. Maitre Date: 10/28/04
(include your title, if on behalf of company or organization)