

Added INFO -
I HAVE A 600 FOOT

WELL THAT PRODUCES

APPRX 1/2 GAL PER MINUTE
WITH A STORAGE TANK WHICH

SUPPLY'S HOUSEHOLD NEED

OK BUT NOT FOR SMALL

GARDEN WHICH INCLUDES

APPRX 40 CORN STALKS
20 BEAN PLANTS
LETTUCE & CUCUMBERS (10 EACH)
25 RASPB PLANTS
10 PEACH PLANTS
10 X 20 FLOWER GARDEN

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
OF BENEFICIAL USE

considers this form a statement that the permit holder(s) has/have completed all that water has been applied according to the provisions of the permit for the must be accompanied by a license examination fee, when necessary, or be report prepared by a certified water right examiner.

Telephone No. _____

IND BARBARA SCHULTZ

3. Mailing Address: 66 FERN LANE - P.O. Box 275 (MAILED PICKED UP AT
City COCOLALLA State ID Zip 83813 POST OFFICE)

4. Source of Water: COCOLALLA (CREEK) (OUT LET FROM COCOLALLA LAKE) 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): _____

(1/4 TH ACRE MAX)
Irrigation (No. of acres): 25 ACRE Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: (APPRX 750 GALS PER WEEK) cfs OR JUNE THROUGH SEPT ONLY FOR 200 FEET SMALL GARDEN

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

200 GAL PLASTIC TANK PURCHASED FOR BACK OF P/U TRUCK

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: DALE F. SCHULTZ Telephone Number: 208-263-7975

Address: 66 FERN LANE - PO Box 275 - COCOLALLA, ID 83813

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: Dale F. Schultz Date: 8-2-04
(include your title, if on behalf of company or organization)

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00

Receipt No. 027472

Receipt By: [Signature]

Date Received: 8-5-04

RECEIVED

AUG 05 2004

DEPARTMENT OF
WATER RESOURCES

FOR OFFICE USE ONLY

Amt. of Fee \$: 50.00
Receipt No. 027472
Receipt By: WJ
Date Received: 8-5-04

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 05 2004

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. 96-9149 Telephone No. _____
2. Name of Permit Holder(s): DALE AND BARBARA SCHULTZ
3. Mailing Address: 66 FERN LANE - P.O. Box 275 (MAILED PICKED UP AT
City COCOLALLA State ID Zip 83813 POST OFFICE)
4. Source of Water: COCOLALLA CREEK (OUT LET FROM COCOLALLA LAKE) 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): _____
(1/4th Acre MAX)
Irrigation (No. of acres): 0.25 ACRE Other: _____
(APRX 750 GALS PER WEEK) JUNE THROUGH SEPT ONLY FOR SMALL GARDEN
6. Total rate of diversion and/or volume for which proof is submitted: _____ cfs OR _____
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
200 GAL PLASTIC TANK PURCHASED FOR BACK OF P/U TRUCK
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: DALE F. SCHULTZ Telephone Number: 208-263-7975
Address: 66 FERN LANE - P.O. Box 275 - COCOLALLA, ID 83813
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: Dale F. Schultz Date: 8-2-04
(include your title, if on behalf of company or organization)