

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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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. 84-12176 Telephone No. 208-935-1093
2. Name of Permit Holder(s): Philip and/or Andrea Foster
3. Mailing Address: Rt. 1, Box 82
City Kamiah State Id. Zip 83536
4. Source of Water: groundwater (well) If GROUNDWATER (well), Date Drilled: mo. _____ / yr. _____
Well Driller: Burns Drilling Permit Number: _____

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

Domestic (No. of households): one Stockwater (No. and type of stock): 6 horses/mule

Irrigation (No. of acres): 5.6 Other: _____

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?
Has the measuring device been installed?

Yes _____ or No X
Yes _____ or No X

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: Phil Foster Telephone Number: 935-1093

Address: Rt. #1, Box 82, Kamiah, Id. 83536

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: Phil Foster Date: 11-1-04
(include your title, if on behalf of company or organization)