Form No. 217
05/03

FOR OFFICE USE ONLY
Amt. of Fee $: ________
Receipt No. ________
Receipt By: ________
Date Receipted: ________

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
APR 22 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. 95-9213 Telephone No. 208-687-9200
2. Name of Permit Holder(s): Peter TUFFORD, ELIZABETH TUFFORD
3. Mailing Address: P.O.BOX 504
City RATHDRUM State ID Zip 83858
4. Source of Water: ________ If **GROUNDWATER** (well), Date Drilled: mo. 10 / yr. 1993
Well Driller: H2O Well Svc inc #448 Drilling Permit Number: 95 93 N 224 000
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): one Stockwater (No. and type of stock): ________
Irrigation (No. of acres): ________ Other: ________
6. Total rate of diversion and/or volume for which proof is submitted: 0.04 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: $ 0 (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: Pete or Elizabeth Tufford Telephone Number: 208-687-9200
Address: 24424 N. Hwy 41 Rathdrum, ID 83858
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: ________ Date: 4/12/04
(include your title, if on behalf of company or organization)