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JAN 27 2005

DEPARTMENT OF
WATER RESOURCES

Lance and Tracey Ragan
PO Box 505
Rathdrum, ID 83858
(208) 687-4277
PERMIT #95-9150

January 24, 2005

Idaho Department of Water Resources
PO Box 83720
Boise, ID 83720-0098

Attention: Debbie Gibson
RE: Permit #95-9150

Debbie,

Thank you for pointing out the silly overlooked mistakes I had made on my "Proof of Beneficial Use" form for our water right permit. As we discussed over the phone today, I suspect I transferred those figures from the "Application" form that someone in the Cd'A Office had changed for me when I filed. Never the less, you and I managed to make the corrections together, and I have provided you a copy for your records.

Items of concern: Line 5—Use(s) (as authorized by the water right permit)
Line 6—Total rate of diversion
Line 8—Fee

Thank you again for your assistance.

Tracey K. Ragan 
Tracey K Ragan

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 0874172
Receipt By: MC
Date Received: 6-11-04
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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

JUN 11 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. 95-9150 Telephone No. 208-687-4277

2. Name of Permit Holder(s): Lance and Tracey Ragan

3. Mailing Address: PO Box 505

City Rathdrum State ID Zip 83858

4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 4 / yr. 1996

Well Driller: H2O Hayden, ID Drilling Permit Number: 95-96-N-0038-000

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

Domestic (No. of households): .04 cfs Stockwater (No. and type of stock): .02 cfs

Irrigation (No. of acres): .04 cfs Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .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?
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: Lance or Tracey Ragan Telephone Number: 208-687-4277

Address: PO Box 505, 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: Nancy K. Ragan  Date: June 4, 2004
(include your title, if on behalf of company or organization)