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WATER RESOURCES
WESTERN REGION

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. 55-13828 Telephone No. 384-3300
2. Name of Permit Holder(s): US Dept of Interior, BLM
3. Mailing Address: 3948 Development Ave.
City Boise State ID Zip 83705
4. Source of Water: Grasshopper Spring If GROUNDWATER (well), Date Drilled: mo. / yr.
Well Driller: NA Drilling Permit Number: NA

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

Domestic (No. of households): Stockwater (No. and type of stock): X livestock
Irrigation (No. of acres): Other: X wildlife

6. Total rate of diversion and/or volume for which proof is submitted: 0.02 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: Robert Arnold Telephone Number: 384-3363
Address: 3948 Development Ave. Boise, ID 83705

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: [Signature]
(include your title, if on behalf of company or organization)

Pat Ryan, Assoc. Manager
Owyhee Field Office

Date: 7/28/04

7-21-04
Grasshopper Spring

