

JUN 01 2004

DEPARTMENT OF
WATER RESOURCES

1. Permit No. 25-7683 Telephone No. 208-378-5306

2. Name of Permit Holder(s): United States of America, Acting through the Regional Director Code 3100 Bureau of Reclamation

3. Mailing Address: 1150 North Curtis Road, Suite 100

City: Boise State: ID Zip: 83704-1234

4. Source of Water: Spring trib to Tex Creek 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): _____

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

6. Total rate of diversion and/or volume for which proof is submitted: .01 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 x
Has the measuring device been installed? Yes _____ or No x

8. Fee Enclosed: \$ 50.00 (See Fee Schedule on the 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: Terry Thomas, Tex Creek WMA Manager Telephone No. 208-525-7290 Cell 208-390-0618

Address: Idaho Fish and Game, Upper Snake Region, 1515 Lincoln Road, Idaho Falls, Idaho 83401-2198

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: Gail McGarry, Water Acquisitions Mgr Date: 6/1/04
(include your title, if on behalf of company or organization)
Snake River Area Office Manager