

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. 0074358
Receipt By: JM
Date Received: 7-1-04

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED
JUL 01 2004
Department of Water Resources

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. 21-12866 Telephone No. 208-624-1281

2. Name of Permit Holder(s): Steve Lookabaugh

3. Mailing Address: P.O. Box 179

City CHESTER State ID Zip 83421

4. Source of Water: Snake River ^{Henrys Fork} 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): 3 Acres Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .09 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 _____

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: Steve Lookabaugh Telephone Number: 208-624-1281

Address: 2781 E. 800. N. St Anthony ID 83445

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: Steve Lookabaugh Date: 6-29-04
(include your title, if on behalf of company or organization)

This form is available electronically.

CCC-1200
(04-24-02)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION PROGRAM CONTRACT

1. State & County Code:	
2A. Farm Number:	
2B. Tract Number(s):	
3. Contract Number:	
4. Primary Fund Code:	
5. HUA Number:	
6. Priority Area:	

7. Program (Check One) ☐ A. Environmental Quality Incentives Program (EQIP) ☐ B. Agricultural Management Assistance (AMA)

8. CONTRACT LANGUAGE

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC" and the undersigned owners, operators, or tenants (referred to as "Owner", "Operator", and "Tenant"; respectively) on the farm identified above. The undersigned person or persons shall hereafter be referred to as "the Participant". The Participant agrees to participate in the program designated in Item 7 during the stipulated contract period identified in Item 9H from the date the Contract is executed by the CCC. The Participant also agrees to implement the Conservation Plan developed and approved by the Participant and CCC. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the appendix to this Contract, entitled "Appendix to Form CCC-1200" for the applicable program (referred to as "Appendix"), and any addendum thereto. The Participant also agrees to pay such applicable liquidated damages in an amount specified in the Appendix for the applicable program if the Participant withdraws prior to CCC acceptance or rejection. BY SIGNING THIS CONTRACT, PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CCC-1200, APPENDIX, AND ANY ADDENDUM THERETO.

9. PERFORMANCE/PAYMENT SCHEDULED FOR CONTRACT

A. Technical Code	B. Technical Code Name	C. Units	D. Cost-Share or Incentive Level	E. Offered Level	F. Total Cost-Share or Incentive	G. Year Schedule

9H. Agreement Period

From:

To:

9I. CONTRACT OBLIGATIONS:

10. CONTRACT PARTICIPANTS

A. NAME, ADDRESS, and PHONE NUMBER * Steve Lookabaugh P.O. Box 179 Chester ID 834211	B. OW (U)	C. OP (U)	D. PAYMENT SHARES %	E. ID NUMBER: 1/ 21-12866 F. SIGNATURE: * Steve Lookabaugh 6-29-04 DATE
A. NAME, ADDRESS, and PHONE NUMBER	B. OW (U)	C. OP (U)	D. PAYMENT SHARES %	E. ID NUMBER: 1/ F. SIGNATURE: DATE

11. CCC USE ONLY - Payments according to the shares approved.

12. SIGNATURE OF CCC REPRESENTATIVE

DATE

1/ Joint operation ID, if applicable.

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR 1498 (EQIP) and 7 U.S.C. 1524 (b) (AMA). The information will be used to allow a farmer, rancher, or landowner to apply for conservation benefits under the terms and conditions of the contract. Furnishing the requested information is necessary to determine properly the eligible land for the applicable program benefits. Failure to furnish the requested information will result in the applicant being unable to apply for or receive benefits under the applicable programs. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 851, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0028. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOU COUNTY FSA or NRCS OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA at (202) 720-6141.

1. State & County Code:	
2A. Farm Number:	
2B. Tract Number(s):	
3. Contract Number :	
4. Primary Fund Code:	
5. HUA Number:	
6. Priority Area:	

2B. TRACT NUMBER(S), (Continued)

9. PERFORMANCE/PAYMENT SCHEDULED FOR CONTRACT, (Continued)

[illegible]

91. CONTRACT OBLIGATIONS, (Continued)

CONTRACT MODIFICATIONS

AMOUNT (+ / -) (\$)	COC INITIAL	DATE (MM-DD-YYYY)	AMOUNT (+ / -) (\$)	COC INITIAL	DATE (MM-DD-YYYY)
A.			M.		
B.			N.		
C.			O.		
D.			P.		
E.			Q.		
F.			R.		
G.			S.		
H.			T.		
I.			U.		
J.			V.		
K.			W.		

CCC-1200
(04-24-02)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION PROGRAM CONTRACT

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2A. Farm Number:	
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5. HUA Number:	
6. Priority Area:	

10. CONTRACT PARTICIPANTS, (Continued)

A. NAME, ADDRESS, and PHONE NUMBER	B. OW (U)	C. OP (U)	D. PAYMENT SHARES %	E. ID NUMBER: 1/ F. SIGNATURE: _____ DATE _____
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1/ Joint operation ID, if applicable.