

FOR OFFICE USE ONLY
Amt. of Fee \$: 200.00
Receipt No. 2075196
Receipt By: MC
Date Received: 9/16/04

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 16 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. 15-07223 Telephone No. 208-766-2506
2. Name of Permit Holder(s): Ralph Hughes
3. Mailing Address: 3141 West Samaria Rd.
City Malad State ID Zip 83252
4. Source of Water: Groundwater If **GROUNDWATER** (well), Date Drilled: mo. 01 / yr. 2003
Well Driller: Michael Frandsen Drilling Permit Number: 15-722-3
5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 202 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 4.04 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: \$ 200.00 (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: Ralph Hughes Telephone Number: 208-766-2506

Address: 3141 West Samaria Rd Malad, Idaho 83252

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:

Ralph Hughes
(include your title, if on behalf of company or organization)

Date: 9-13-2004

If Ralph Hughes cannot be reached contact

Clarence R. Hughes P.O.A.

4030 West Samaria Rd

Malad, Idaho 83252

208-766-4368 or 766-5381