

RECEIVED

JUL 19 2010

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$:	150-
Receipt No.	691382
Receipt By:	SBT
Date Received:	7-19-2010

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use to the extent described below. This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No.: 95-9484 Telephone No.: 208-666-3466

2. Name of Permit Holder(s): Kootenai Medical Center

3. Mailing Address: 2003 Kootenai Health Way City: Coeur d'Alene

State: ID Zip: 83814 Email: jfinn@kmc.org

4. Source of Water: Well If GROUND WATER (well), Date Drilled: mo. 06 / yr. 2008

Well Driller: H2O Well Service Drilling Permit Number: 95-W-007-001

5. Extent of use(s) completed (as authorized by the water right permit):

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

Irrigation (No. of acres): Other: Ground Source Heat Pump System for Heating & Cooling Building

6. Total rate of diversion or storage volume for which proof is submitted: 2.00 cfs OR acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.

Measuring Device: Is a measuring device required?

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the measuring device been installed?

Lockable Controlling Device: Is a lockable device required to control the diversion?

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the lockable device been installed?

Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

N/A Completed? Yes ☐ No ☐

8. Fee Enclosed: \$ 150.00 See fee schedule on back of the instructions for filing proof of beneficial use.

Proofs filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: John Finn Telephone Number: (208)666-3466

Mailing Address: 2003 Kootenai Health Way City: Coeur d'Alene

State: ID Zip: 83814 Email: jfinn@kmc.org

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 and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: John Finn Facility Director Date: 7/12/2010

(Include your title, if on behalf of company or organization)

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