

RECEIVED
31 2005
Department of Water Resources

FOR OFFICE USE ONLY
Amt. of Fee \$: 50
Receipt No. 20877488
Receipt By: PMG
Date Received: 10/26/05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

OCT 31 2005

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. 85-15392 Telephone No. 208-746-2665

2. Name of Permit Holder(s): Joe & Tracy Greco

3. Mailing Address: 2316 Corelle Ave

City Lewiston State ID Zip 83501

4. Source of Water: Well If **GROUNDWATER** (well), Date Drilled: mo. 4 / yr. 03

Well Driller: Mark Neil Drilling Permit Number: MD28230

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

Domestic (No. of households): 1 Stockwater (No. and type of stock):

Irrigation (No. of acres): 1.5 Other:

6. Total rate of diversion and/or volume for which proof is submitted: 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: \$ 50⁰⁰ (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: Joe Greco Telephone Number: 208-797-1056

Address: 2316 Corelle Ave, Lewiston, ID 83501

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: Tracy Greco Date: 10/26/05
(include your title, if on behalf of company or organization)

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1. Permit No. 85-15392 Telephone No. 208 746 9665

2. Name of Permit Holder(s): Joe & Traci Greco

3. Mailing Address: 2316 Corelle Ave

City Lewiston State ID Zip 83501

4. Source of Water: Well If **GROUNDWATER** (well), Date Drilled: mo. 4 / yr. 03

Well Driller: Mark Neil Drilling Permit Number: MD28230

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

Domestic (No. of households): 1 Stockwater (No. and type of stock):

Irrigation (No. of acres): 1.5 Other:

6. Total rate of diversion and/or volume for which proof is submitted: 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: \$ 50⁰⁰ (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: Joe Greco Telephone Number: 208 746-1056

Address: 2316 Corelle Ave, Lewiston, ID 83501

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: Traci Greco Date: 10/26/05
(include your title, if on behalf of company or organization)

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1. Permit No. 85-15392 Telephone No. 208-743-0665

2. Name of Permit Holder(s): Joe & Traci Greco

3. Mailing Address: 2316 Corelle Ave
City Lewiston State Id Zip 83501

4. Source of Water: Well If **GROUNDWATER** (well), Date Drilled: mo. 4 / yr. 03
Well Driller: Mark Neil Drilling Permit Number: 00028230

5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 1.5 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: _____ 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: \$ 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: Joe Greco Telephone Number: 208-790-1056
Address: 2316 Corelle Ave, Lewiston, ID 83501

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: Traci Greco Date: 10/26/05
(include your title, if on behalf of company or organization)