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Amt. of Fee \$: 50.00
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Receipt By: cm
Date Received: 4-27-05

STATE OF IDAHO Department of Water Resources
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED

APR 27 2005

IDWR/North

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. 95-9177 Telephone No. 208-773-5452
2. Name of Permit Holder(s): Greenview Condominium Owners Assoc. Inc.
3. Mailing Address: 204 E. 1st St.
City Post Falls State Id. Zip 83854
4. Source of Water: SpoKane River 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): 48 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 2 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .14 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: Jack Knox Telephone Number: 208-773-5452
Address: W-9283 Driftwood Dr - Coeur d'Alene Id. 83814
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: K - Jack Knox, Pres. Date: 04-25-05
(include your title, if on behalf of company or organization)

Greenview Condominium Owners Assoc. Inc.

IDAHO DEPARTMENT OF WATER RESOURCE

Water Permit Report 95-9177

WATER RIGHT NUMBER: 95-9177

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	GREENVIEW CONDOMINIUM OWNERS ASSN INC 204 E 1ST AVE POST FALLS, ID 83854 (208)773-9808

Priority Date: 03/20/2003

Basis:

Status: Active

<u>Source</u>	<u>Tributary</u>
SPOKANE RIVER	COLUMBIA RIVER

<u>Beneficial Use</u>	<u>From</u>	<u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	03/15	11/15	0.140 CFS	
	<u>Total Diversion:</u>		0.140 CFS	

Location of Point(s) of Diversion

SPOKANE RIVER	L7 (NW1/4SE1/4)	Sec. 3,	Twp 50N,	Rge 05W, B.M.
KOOTENAI County				

Place of Use

IRRIGATION																			
Twp	Rge	Sec	NE				NW				SW				SE				
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	Totals
50N	05W	3															2.0		2.0
																	L 7		

Total Acres: 2

Conditions of Approval:

1. 004 This right does not grant any right-of-way or easement across the land of another.
2. R58 This right when combined with all other rights shall provide no more than 3.0 afa per acre at the field headgate for irrigation of the lands above.
3. X15 A fish screen of 1/4 inch or smaller mesh shall be installed and maintained at the point of diversion.
4. X16 The approach velocity at the point of diversion shall not exceed 0.5 feet per second.

Remarks:Comments:Dates and Other Information:

Permit Proof Due Date: 4/5/2003
 Permit Proof Made Date:
 Permit Approved Date: 5/7/2003
 Permit Moratorium Expiration Date:
 Enlargement Use Priority Date:
 Enlargement Statute Priority Date:
 Field Exam Date:
 Date Sent to State Office:
 Date Received at State Office:
 State or Federal:
 Owner Name Connector:
 Water District Number:
 Generic Max Rate Per Acre:
 Generic Max Volume Per Acre: 3
 Swan Falls Trust or Nontrust:
 Swan Falls Dismissed:
 DLE Act Number:
 Carey Act Number:
 Mitigation Plan: False

Combined Use Limits: