



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 Mineral Drive, Suite 100, Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800

Fax: (208) 762-2819

Web Site: www.idwr.idaho.gov

JAMES E. RISCH
Governor

KARL J. DREHER
Director

October 16, 2006

Cabinet Mountains Water District
PO Box 1223
Bonner's Ferry, ID 83805-1223

Re: Application For Transfer Of Water Right (98-7750)

Gentlemen:

Cabinet Mountains Water District filed two applications with the Idaho Department of Water Resources (IDWR), one was for a new water right and the second was for a transfer of the above-mentioned water right. Each of the applications requires a fee of \$290.00 making a total of \$580.00. When IDWR received the applications only one fee was submitted in the amount of \$290.00 (Check Number 3440), for the new water right with a proposed diversion of 1.5 cfs. No fee has been received for the transfer application.

Please send a check made out to the Idaho Department of Water Resources, in the amount of \$290.00, for the transfer of water right 98-7750, with a diversion rate of 2.0 cfs. Once the fee has been received, the department can continue with the processing of the application. If you have any questions, feel free to contact me at this office.

Thank you,

Sincerely,

Keith E. Franklin
Senior Water Resources Agent

FAX COVER SHEET

CABINET MOUNTAINS WATER DISTRICT

6437 BONNER ST.

P O BOX 1223

BONNERS FERRY, ID 83805

VOICE: 208-267-3616

FAX: 208-267-3515

TO: DEPT. OF WATER RESOURCES

FAX: 208-762-2819

PHONE: 208-762-2800

ATTN: KEITH FRANKLIN

FROM: SHARON

10/19/06

Total Pages: 3

RE : 10/16/06 CORRESPONDENCE

**Please find enclosed copies of checks for the 2 applications
in question.**

Receipt Details for ID N017879

Status	Adjustment Type	Version
		1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
9/11/2006 2:37:59 PM	9/11/2006 3:13:23 PM	NORTHERN	\$290.00	Check
Payer		CABINET MOUNTAINS WATER DISTRICT		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
3442			
Card Expiration Date	Credit Card Transaction #		

Comment WR Transfer Fee

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$290.00	TRANSFERS	65105	0229	21		1155

Refund(s):

Amount	Payee	Date	Document Number
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Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
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Print Report