

RECEIVED

SEP - 9 2003

Department of Water Resources

Sept. 4, 2003

Deborah Gibson
Administrative Assistant
Water Allocation Bureau

RE: Lapsed Permit No. 85-7645

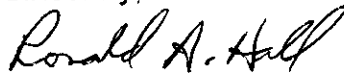
Dear Deborah Gibson;

The reason I missed the proof of beneficial use deadline was because of an address change. Nez Perce County put in an E-911 phone system 2 years ago. When they did this they changed everyones mailing address. I still live in the same house but I have a different house number and street name. The mail carriers refuse to deliver mail to the old address.

As my proof of use I am sending copies of statements for a 60hp submersible well pump and wire dated 09-25-98. I am also sending copies of water bills for 2000, 2001, 2002 and a copy of a water sample test that I took on 2-26-03. The name of my golf course is Eagles Pointe. I have a state of Idaho liquor license issued to Eagles Pointe Development for my club house restaurant.

I hope you can accept my apology for missing the deadline. If there is anything more you require please let me know.

Sincerely,



Ronald A. Hall
Eagles Pointe Development

MICROFILMED
SEP 16 2003

MITCHELL LEWIS & STAVER CO.

9925 S.W. COMMERCE CIRCLE

P.O. BOX 621

WILSONVILLE, OREGON 97070

(503) 682-1800

FAX (503) 682-1633

OREGON CORP. FED TAX I.D. 93-0332159

INVOICE

INVOICE NUMBER

340456-001

CNTL#: 13

0928

ORDER DATE	SALESMAN	TERMS	SHIP DATE	PAGE
09-21-98	RON ROSS	NET 30 DAYS	09-25-98	1-1

CUSTOMER P.O.	ORDER ENTRY	SHIPPED FROM	SHIP VIA	B/L NO.
10N	DOUG	IRRIGATIO	OAK HARBOR PREPAID	37731

B
'
H & H DEVELOPMENT
P.O. BOX 1344
-
LEWISTON ID 83501
T
C

S
H
I
P
T
O
H & H DEVELOPMENT
3665 LAPWAI ROAD
LEWISTON ID 83501

***** INVOICE REMARKS *****
SHOP JOB# 15322
PUMP CONDITIONS-230GPM @800TDH
IMPELLER TRIM ALL IMPELLERS--
PART# L07785 @ 4.525" X 3.88"

MICROFILMED

SEP 16 2003

CUSTOMER#: 1008298

ITEM NUMBER	DESCRIPTION	QUANTITY		UNIT	PRICE		AMOUNT
		ORDERED	SHIPPED				
6T250-20-M	BERKELEY 6 INCH SUBMERSIBLE PUMP END 20 STAGE W/SILICON BRONZE IMPELLERS	1	1	EA	3062.00		3,062.00
S32808	S/N M6124 FRANKLIN 6" SUBMERSIBLE MOTOR 60HP 460V, 3 PHASE	1	1	EA	3609.00		3,609.00
SUB-TOTAL							6,671.00
SALES TAX							333.55
--- PAYMENT TERMS ---							
NET DUE DATE 10-25-98							

11284.55

CONDITIONS OF SALE: A 15% restock charge applies to returned goods. No returns may be made without our written authorization. A service charge of 1% per month (18% per year) is made on past due accounts. Claims regarding this invoice must be made within 10 days. Our liability ends with delivery to the carrier and all claims for in-transit damage or shortage must be made to carrier.

Any warranty on this merchandise is limited to that provided by the manufacturer. The manufacturer's warranty is expressly in lieu of all other warranties express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Mitchell, Lewis & Staver Co. shall in no event be liable for any special or consequential damages.

**TOTAL
AMOUNT** ►

\$7,004.55

CUSTOMER COPY

WILSONVILLE, OREGON 97070

FAX (503) 682-1633

OREGON CORP. FED TAX I.D. 93-0332159

INVOICE

INVOICE NUMBER

340461-001

CNTL# : 13
0929

ORDER DATE	SALESMAN	TERMS	SHIP DATE	PAGE
09-21-98	RON ROSS	NET 30 DAYS	09-28-98	1-1

CUSTOMER P.O.	ORDER ENTRY	SHIPPED FROM	SHIP VIA	B/L NO.
RON	DOUG	WW, SPO	OAK HARBOR PREPAID	39231

B
H & H DEVELOPMENT
P.O. BOX 1344
LEWISTON ID 83501

S
H
I
P

H & H DEVELOPMENT
3665 LAPWAI ROAD
LEWISTON ID 83501

CUSTOMER#: 1008298

ITEM NUMBER	DESCRIPTION	QUANTITY		UNIT	PRICE			AMOUNT
		ORDERED	SHIPPED					
2-4 FLAT	2-3 W/GROUND SUBMERSIBLE CABLE FLAT JACKETED	800	800	EA	2.67			2,136.00
SK2-C	HEAT SHRINK SPLICE KIT FOR #2 WIRE CLEAR, HEAVY DUTY	1	1	EA	8.00			8.00
NS-ASCO	60.RF4MA ASCO DELTA PUMP PANEL 60HP 460V 30 MOTOR CIRCUIT BREAKER	1	1	EA	1500.00			1,500.00
V400DI	VALVE, CHECK 4" MODEL 80DI DUCTILE CAST IRON	2	2	EA	191.00			382.00
								=====
								4,026.00
								201.30
--- PAYMENT TERMS --- NET DUE DATE 10-28-98								

CONDITIONS OF SALE: A 15% restock charge applies to returned goods. No returns may be made without our written authorization. A service charge of 1 1/2% per month (18% per year) is made on past due accounts. Claims regarding this invoice must be made within 10 days. Our liability ends with delivery to the carrier and all claims for in-transit damage or shortage must be made to carrier.

TOTAL 
AMOUNT

\$4,227.30

Any warranty on this merchandise is limited to that provided by the manufacturer. The manufacturer's warranty is expressly in lieu of all other warranties express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Mitchell, Lewis & Staver Co. shall in no event be liable for any special or consequential damages.

CUSTOMER COPY

MICROFILMED
SEP 19 2003

STATEMENT

RUN HALL
EAGLES POINTE

DATE 4-2-00

TO

RANDY KINGSBURY
7239 FLYBY DR
LEWISTON, IDAHO 83501

DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

EAGLES POINTE

WATER

JAN

15 00

FEB

15 00

MAR

15 0

TOTAL

45 00

Pd.
APRIL 10th

Top FORM 3809
LITHO IN U.S.A.

YOUR CHECK IS YOUR RECEIPT

MICROFILMED

SEP 16 2003

STATEMENT

RON HALL
EAGLES POINT

DATE 7-3-01

TO

LARAMIE DAVIS
7137 FLYBY DR
LEWISTON

DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE \$

WATER

APRIL	15	00
MAY	15	00
JUNE	35	00

TOTAL	65	00
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PAID
July 7th

Wells FORM 3809
LITHO IN U.S.A.

YOUR CHECK IS YOUR RECEIPT

MICROFILMED

SEP 16 2003

STATEMENT

Ron Hall

DATE Dec 31st/02

TO NEAL ERLEWINE
940 EAGLES POINT BLVD
LEWISTON

DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Water			
	Oct	15	00
	Nov	15	00
	Dec	15	00
Total		45	00
Pd. Jan 10 th			

Vops FORM 3809
LITHO IN U.S.A.

YOUR CHECK IS YOUR RECEIPT

MICROFILMED

SEP 16 2003

Water System Name: Engle Park ID# 2350038

Collector: R. Hall Date Collected: 2-24-03 Locality: 1000 Park

Person Transporting Sample to Lab: Josh Hall

Condition of Transport: ☐ Cooled ☐ Capped ☐ Not ☐ Other

Report Results To:

Name: R. Hall

Address: P.O. Box 1344

City: Lawton State: OK Zip: 73504

Day Phone Number: 746-5739 ☐ Message Phone or ☐ Fax

☐ Notification (Lab use only)

Cooled: ☐ Date/Time: ☐

Comments:

Idaho Coliform Bacteria Analysis Report

Contaminant ID# 3100

Compliance: Yes / No

☒ Public Drinking Water System
(PWS ID# required)

☐ Private Drinking Water
(no PWSID or chlorine residual required)

Shaded areas must be completely filled out or samples will not be run. Clear areas are for lab use only.

Samples will be analyzed for TOTAL COLIFORMS unless otherwise specified under Remarks.

For Public Well Systems only, if this is a repeat sample, make the date of the ORIGINAL POSITIVE SAMPLE.

Anatek Labs, Inc.

☒ 1282 Almaras Drive
Moscow, ID 83843
(208) 833-2839
FAX 832-9246
moscow@anateklabs.com
EPA# ID00013

☐ 504 E. Sprague St. D
Spokane, WA 99202
(509) 838-3999
FAX 838-4433
spokane@anateklabs.com
EPA# WA00169

www.anateklabs.com

RESULTS

Sample Number (LAB USE ONLY)	Sample Type Code*	Sampling Location	Time Collected	Chlorine Residual PPM		Original Sample Date**	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI		HPC	
				Total	Free		Method Code	(Present (Adjust #100 ml)	Method Code	(Present (Adjust #100 ml)	Method Code	(Present (Adjust #100 ml)	Method Code	CFU/ml
1380309-1	5	well #1	12:00pm				SM9223 B-P-A	A			SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			
							SM9223 B-P-A				SM9223 B-P-A			

*Sample Type Codes: S - Routine Sample, P - Repeat Sample, U - Upstream Repeat, E - Enforcement, W - Unlabeled (source), X - Other Repeat, D - Downstream Repeat, (Chain of Custody Required) C - Construction/Special

PATIENT INFORMATION: Account # 1720 Rec'd By: MCH

☐ Cash ☒ Check # 1720 ☐ PO #

☐ Bill ☐ Other

Chain-of-Custody Information

Relinquished by: <u>Josh Hall</u>	Date: <u>2/24/03</u>	Time: <u>1:30p</u>	Received by: <u>[Signature]</u>	Relinquished by:	Date:	Time:	Received by:
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DATE/TIME RECEIVED: 2/24/03 10:55 ANALYST: [Signature] DATE REVIEWED: 2/28/03

REMARKS: SUPERVISOR: [Signature]

**Anatek Labs, Inc.**

1282 Alturas Drive

Moscow ID 83843

T: 208.883.2839 F: 208.882.9246

Invoice

INVOICE NO.	03B0309
DATE	3/3/2003
TERMS	On Receipt
DUE DATE	3/3/2003

BILL TO

RON HALL
PO BOX 1344
LEWISTON, ID 83501

PROJECT MANAGER

PO #

PROJECT#

EAGLE'S POINTE

LINE ITEM #	DESCRIPTION	QTY	RATE	AMOUNT
BACTERIA	COLIFORM PRESENCE ABSENCE BY MMO/MUG-SM9223B-PA	1	12.50	12.50

THANK YOU FOR YOUR BUSINESS!

Total **\$12.50****Payments/Credits** **\$-12.50****Balance Due** **\$0.00**

*1.75% monthly interest charged on overdue
invoices. Please remit payment directly to the
Moscow Lab.*

MICROFILMED

SEP 16 2003