



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

August 20, 2007

MARY TERRA-BERNS
DEPT OF FISH & GAME
2885 W KATHLEEN AVE.
COEUR D ALENE, ID 83814

7 pages total

Application to Permit No. 95-9398

Dear Mary:

Enclosed is a copy of the above referenced application. Please review the application, complete the enclosed recommendation form, and submit it to this office within two weeks of date of this letter.

This application is for a spring, tributary to sinks. No rivers or streams are involved.

Please feel free to contact this office if you have any questions regarding the application.

If you have comments, we would appreciate receiving them by no later than **September 21, 2007**. You may send comments by regular mail to the address above, by FAX to 762-2819, or by e-mail to dianne.ball@idwr.idaho.gov or to keith.franklin@idwr.idaho.gov.

Sincerely,

Dianne Ball
Administrative Assistant

Enclosure(s)

State of Idaho
Department of Water Resources
Application for Permit
RECOMMENDATION FORM

Application for Permit No 95-9398
Applicant's Name: Stacey Stone
 2644 S Big Rock Rd
 Pose Falls ID 83854

Recommendation:

- a) ☐ I do not oppose approval of this application.
- b) ☐ I do not oppose approval of this application if it is conditioned as follows:
-
-
- c) ☐ I oppose approval of this application for the following reasons:
-
-
- d) ☐ Additional Comment:

Dated this _____ day of _____,

Signature