



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Interim Director

September 12, 2007

LEWISTON ORCHARDS IRRIGATION DISTRICT
ATTN EUGENE B METZ
1520 POWERS AVENUE
LEWISTON ID 83501

RE: LAPSED PERMIT NO. ~~57-11600~~ 85-15356

Dear Mr. Metz:

The department is in receipt of a Proof of Beneficial Use (proof) form for the above referenced permit. However, the department has not received the documents it requested in a letter to you dated May 15, 2007. This letter explained that because the above-referenced permit had lapsed and proof was received late, the Department required evidence of application of the beneficial use of the water, according to Section 42-218a(2), Idaho Code. Additionally, the letter notified you that I would hold this matter for 30-days to provide you time to file the evidence.

The 30-days have past, and I am returning your original Proof of Beneficial Use form, and with this letter requesting that the \$175.00 you paid be refunded to you.

Please note that this water right permit is lapsed and has no force or effect. I recommend that you contact the Northern Regional Office in Coeur d'Alene at (208) 762-2800, to apply for a new water right.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

Cc: IDWR Regional office
Fiscal

907-1000

FOR OFFICE USE ONLY
Amt. of Fee \$: 175.00
Receipt No. COA 3005
Receipt By: AMB
Date Received: 1-10-07

142
DAYS
LAPSED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

RECEIVED

JAN 10 2007

DEPARTMENT OF
WATER RESOURCES

The 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. 85-15356 Telephone No. 208-746-8235

2. Name of Permit Holder(s): Lewiston Orchards Irrigation District

3. Mailing Address: 1520 Powers Avenue

City Lewiston State ID Zip 83501

4. Source of Water: Ground Water If GROUNDWATER (well), Date Drilled: mo. Sept / yr. 2002

Well Driller: Geo-Tech Exploration Inc Drilling Permit Number: 784458

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

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

Irrigation (No. of acres): _____ Other: Municipal 7200 Households

6. Total rate of diversion and/or volume for which proof is submitted: 3.34 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 X or No _____

Has the measuring device been installed?

Yes X or No _____

8. Fee Enclosed: \$ 175.00 (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: Barney Metz Telephone Number: 208-746-8235

Address: 1520 Powers Avenue 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: Eugene B. Metz Date: 9/21/06

(include your title, if on behalf of company or organization)

General Manager

Lewiston Orchards Irrigation District