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State of Idaho

DEPARTMENT OF WATER RESOURCES

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

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

May 5, 2005

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

ANDREW E POVEY
2602 POVEY RD
AMERICAN FALLS ID 83211

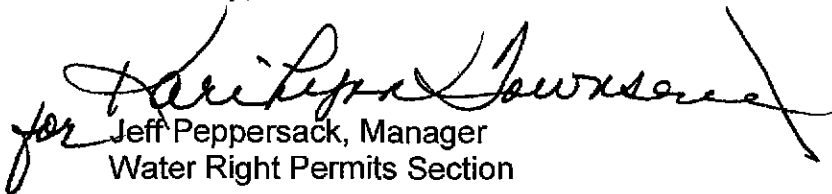
RE: Preliminary Order in the Matter of Permit No. 35-13521

Dear Permit Holder(s):

The accompanying order is a "**preliminary order**" issued by the department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action of the department unless a party petitions for reconsideration within fourteen (14) days after issuance as described in the enclosed information sheet.

If you have any questions regarding this matter, please call me at 208-327-7940.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jeff Peppersack', is written over the typed name. The signature is fluid and cursive.

for Jeff Peppersack, Manager
Water Right Permits Section

JP:klt

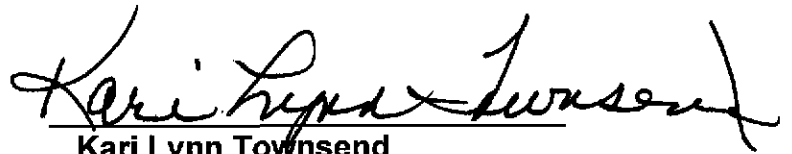
Enclosures

CERTIFICATE OF SERVICE

I hereby certify that on **May 5, 2005** I mailed a true and correct copy, certified, postage prepaid, of the foregoing **PRELIMINARY ORDER** to the person(s) listed below:

RE: Preliminary Order in the Matter of Permit No. 35-13521

**ANDREW E POVEY
2602 POVEY RD
AMERICAN FALLS ID 83211**


Kari Lynn Townsend
Secretary

DEPARTMENT OF
WATER RESOURCES

- | | |
|--|---------------------------|
| _____ Id Dept of Environmental Quality | _____ U.S. BLM |
| _____ Id Dept of Fish & Game | _____ U.S. Forest Service |
| _____ Id Dept of Lands | _____ Water District |
| _____ Adjudication Bureau Unit | _____ Other _____ |

FINAL REGIONAL PROCESSING REVIEW:

☒	Yes	☐	No	Affidavit of publication received
☒	Yes	☐	No	Application published correctly. If not, record action taken
☒	Yes	☐	No	Publication dates & paper, recorded on application
☒	Yes	☐	No	Protests received
				Final date for protest <u>1/3/2009</u>
☐	Yes	☐	No	Protests, dates, resolution of protest, recorded on application
☐	Yes	☐	No	Recommendations attached
☐	Yes	☐	No	Measuring device required
☐	Yes	☐	No	Access port required
☐	Yes	☐	No	Will water be delivered by watermaster? If yes, what District
☐	Yes	☐	No	Special conditions of approval or cover letter below.

Date of priority recommend _____

By: _____ Date: _____

STATE OFFICE REVIEW:

By: _____ Date: _____

ADDITIONAL INFORMATION:

LOCAL PUBLIC INTEREST:

Comments received from:

_____ City	_____ Id Fish & Game	_____ Irrigation District
_____ County	_____ Id Health & Welfare	_____ Canal Company
_____ Reservations	_____ Div. Of Environment	_____ Other _____

Project impacts/implications report

COMMENTS

[The page contains horizontal ruling lines.]