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.

JAMES E. RISCH
Governor

KARL J. DREHER
Director

June 22, 2006

DAVID R DOERINGSFELD
MANAGER
PORT OF LEWISTON
1626 6TH AVE NORTH
LEWISTON ID 83501

Re: Permit no. 86-11945, Withdrawal of Proof

Dear Mr. Doeringsfeld:

I have received your letter addressed to Shelley Keen, dated June 16, 2006. The letter is to acknowledge your request to withdraw the Proof of Beneficial Use ("proof") you filed on March 26, 2006, for the above referenced permit. Therefore, I am enclosing the original proof form received by the department.

With the withdrawal of your proof, the January 1, 2007 proof deadline is reactivated and I have notified the Northern regional office, by telephone, that the field examination for this permit must be postponed. Additionally, I have requested that the department refund the license examination fee you paid at the time the proof was filed for $100.00. You should receive a check for this amount in approximately 10 days.

A Proof Due Notice letter will be sent to you on October 31, 2006. However, you may file proof of beneficial use anytime before the January 1, 2007 deadline with the appropriate filing fee.

Please feel free to contact this office or me if you have any questions regarding this matter.

Sincerely,

Deborah J. Gibson

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure
Cc: Fiscal

Form No. 217
05/03

FOR OFFICE USE ONLY
Amt. of Fee $: 100.00
Receipt No. N017434
Receipt By: CP
Date Receipted: 3/26/06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
MAR 26 2006
IDWR/North

PROOF OF BENEFICIAL USE

The Idaho 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. 86-11945 Telephone No. (208) 743-5531

2. Name of Permit Holder(s): PORT OF LEWISTON

3. Mailing Address: 1626 6th AVE NORTH

   City LEWISTON State ID Zip 83501

4. Source of Water: Clearwater River If **GROUNDWATER** (well), Date Drilled: mo._____ / yr._____

   Well Driller: _____ Drilling Permit Number: _____

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: Industrial

6. Total rate of diversion and/or volume for which proof is submitted: 0.30 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 ____ **or** No XX
   Has the measuring device been installed? Yes ____ **or** No XX

8. Fee Enclosed: $ 100.00 (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: David Doeringsfeld Telephone Number: (208) 743-5531

   Address: 1626 6th Avenue North, 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: _____ Manager Date: 3-22-06
(include your title, if on behalf of company or organization)

SCANNED
JUN 0 5 2006