

RECEIVED
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IDWR/North

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 ☒

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: [Signature] Manager Date: 3-22-06
(include your title, if on behalf of company or organization)