



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

SOUTHERN REGION

**DIRK KEMPTHORNE
GOVERNOR**

**KARL J. DREHER
DIRECTOR**

March 27, 2001

LINDA B JONES
HOLLAND & HART
PO BOX 2527
BOISE ID 83701-2527

Re: Application for Permit No. 72-16601

Dear Ms. Jones:

The Department of Water Resources acknowledges receipt of the water right application for permit filed on behalf of your client, Tait Johnson. The application has been assigned the above referenced identification number. Please refer to this number in all further correspondence.

Enclosed is a copy of an Order establishing a Moratorium on the issuance of new consumptive use permits in the Salmon River drainage. This Order affects the above referenced application; therefore, it will be held without action in the foreseeable future.

If you wish to withdraw the application, please date, sign and return the enclosed withdrawal form. The filing fee will be refunded.

If you have any questions or if this office can be of further assistance, please feel free to contact us.

Sincerely,

Mary A. Baldwin
Administrative Assistant

Enclosures

8/2000

REQUEST FOR WITHDRAWAL OF APPLICATION FOR PERMIT

To: State of Idaho Department of Water Resources
1341 Fillmore Street
Suite 200
Twin Falls, ID 83301-3380

Gentlemen:

I/We wish to withdraw Application for Permit to Appropriate the Public Waters of the State of Idaho, No. 72-16601 filed in the name of Tait Johnson

Dated this _____ day of _____, 2001.

(Signature of Applicant)

(Title)

(Address)

State of -----)
County of -----)

On this _____ day of _____, 2001,

_____ personally appeared before me, satisfactorily proved to me
to be the signer of the above instrument and acknowledged that he (she) executed the same.

Notary Public

My Commission Expires on _____