



322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

March 03, 2025

LODGE AT LOLO CREEK LLC
4307 SNAKE RIVER AVE
LEWISTON ID 83501-5195

PROOF DEFICIENCY LETTER

RE: Permit No. 79-14275

Dear Permit Holder(s):

The Department received the proof of beneficial use (proof) form you submitted for the above referenced permit.

I am returning the form to you because the information provided on the application is incomplete. Please address the following items on the form:

- Item #3 was left blank. Please describe the extent of use that has been completed.
- Item #5 was left blank. Please describe the diversion and delivery system that is used from the water source to the place of use.

Please resubmit the completed form at your earliest convenience before the proof due date of **April 01, 2025** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Julie Adams
Technical Records Specialist

Enclosure(s): Original Statement of Completion and receipt

RECEIVED

FEB 28 2025

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 50
Receipt No. C120252
Received By KM
Date Received 2.28.25

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete a Notice of Change in Water Right Ownership form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 79-14275 Name of Permit Holder(s) Lodge at Lolo Creek LLC
Telephone No. 509-780-2031 Email brien@deatleycrushing.com
Mailing Address 4307 Snake River Ave City Lewiston State ID Zip 83501

2. Source of Water unnamed stream If Ground Water (well), Date Drilled mo. ____ / yr. ____
Drilling Permit/Tag No. ____ Drilling Company's Name ____

3. Extent of use(s) completed as authorized by the water right permit:

Domestic (No. households) ____ Irrigation (No. acres) ____ Stockwater (No. and stock type) ____
Other ____

4. Total diversion rate or volume (storage only) for which proof is submitted ____ cfs OR 19.4 af
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)

RETURNED

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:

Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)

- | | | |
|--------------------------|-------------------------------------|---|
| ☐ | ☒ | Ground water level data, pumping information, or other diversion data |
| ☐ | ☒ | Mitigation plan |
| ☐ | ☒ | Lockable controlling works |
| ☐ | ☒ | Measuring device |
| ☐ | ☒ | Fish screen |
| ☐ | ☒ | Other requirements of the water right permit |
| ☐ | ☒ | Reasonably Anticipated Future Needs ("RAFN") Municipal use |

If RAFN Municipal use, additional increment of beneficial use developed? ☐ Yes (attach CWRE report) ☐ No

7. Fee Enclosed \$ 50.00 or ☐ CWRE field report attached or ☐ No fee required
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:

Name: Brien DeAtley Telephone No. 509-780-2031 Email brien@deatleycrushing.com
Mailing Address 4307 Snake River Ave City Lewiston State ID Zip 83501

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 and applied to beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Brien N DeAtley
SIGNATURE OF PERMIT HOLDER*

Brien DeAtley owner
PRINTED NAME AND TITLE

2/24/2025
DATE

*Attach power of attorney if completing on behalf of permit holder.