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MAY 17 2011

Request for Withdrawal of Adjudication Claim with
Filing Fees to be Refunded

Department of Water Resources

Name of Claimant(s) Dan Seid
Mailing Address 5178 E Waverly Loop Hayden Id 83835
Receipt No. N021628 Amount \$25.00
Claim No(s). 95-14391 95-464
Signature [Signature] Date 5-16-11
Reason for request: Filed duplicate claim

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IDWR / NORTH

Please send this form to:

Idaho Department of Water Resources
Northern Region
7600 Mineral Dr. Suite 100
Coeur d Alene, ID 83815

For IDWR Use

Approved by (Region) [Signature] Date 5/16/11
Approved by (State Office) [Signature] Date 5-17-11

Dan Seid filed a beneficial use claim for water from Hayden Lake with a date of priority of December 18, 2001. We contacted him and he came to the office. During the visit it was discovered that his right was decreed in 1971 in the Hayden Lake Adjudication and assigned the number 95-464. There is no filing fee for those claims.

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REFUND REQUEST

TO: S. Sherman to Log In Department of Water Resources
FOR: C. Fritschle/D. Allen
FROM: KENNETH KNOBLOCK Date: _____
SUBJ: Receipt No. NO 21638 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR DAN SEID
Address 5178 E. WAVERLY LOOP
HAYDEN, ID 83835

Claimant(s) if NOT Payor _____
Refund Amount \$ 25 Claim Location (Region/Claimant) _____
Extension Filed? Y/N NA Copy Attached? Y/N NA
Late Fees Paid? Y/N NA Late Fee Receipt # _____
S.O. Verified Ext. by _____ on _____ D.B. Query by _____
Refund Generated By ☒ Agent ☒ Claimant
Refund Category:
insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>95-14391/145104</u>	<u>DOMESTIC</u>	<u>\$ 25.00</u>	<u>0</u>	
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		\$ _____	\$ _____	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached ☒ Y/N

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
C. Fritschle Approval _____ Hold _____ To Fiscal _____
Data Base Modified? Y/N NA A &/or R Records By _____ on _____

