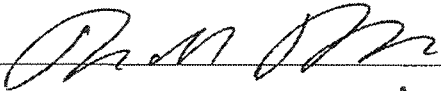


Request for Withdrawal of Adjudication Claim with  
Filing Fees to be Refunded

RECEIVED  
DEC 28 2012  
IDWR / NORTH

Name of Claimant(s) Thomas M. Cutting  
Mailing Address 10746 N. Point Hayden Dr, HAYDEN LAKE, ID, 83835  
Receipt No. T 039445 Amount \$ 52  
Claim No(s). 95-11332  
Signature  Date \_\_\_\_\_  
Reason for request: Duplicate permit. Already have  
Permit # 95-13857 for same use.

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)  Date 12/31/12  
KENNETH KNOBLOCK  
Approved by (State Office)  Date 1-11-13

SCANNED  
DEC 31 2012

95-13857

**REQUEST FOR WITHDRAWAL OF CLAIM  
WITH FILING FEES APPLIED TO APPLICATION FOR PERMIT**

Name of Claimant: Thomas Mc Cutting

Mailing Address: 1070 10746 N HAYDEN PT Rd

Amount: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Claim No(s): 95-11332

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above and for which I/We previously paid a filing fee to the Idaho Department of Water Resources. I request the filing fee I/We paid on the receipt referenced above be applied to filing an Application for Permit.

For Individuals:

[Signature]  
(Signature of Claimant)

8-12-10  
(Date)

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Date)

For Organizations:

\_\_\_\_\_  
(Signature of Authorized Agent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name of Organization)

Return to: Idaho Department of Water Resources  
Adjudication Bureau  
P.O. Box 83720  
Boise, ID 83720-0098

\*\*\*\*\*

For IDWR Use

|                       | <u>Initials</u> | <u>Date</u> |
|-----------------------|-----------------|-------------|
| Approval Region       | _____           | _____       |
| Approval State Office | _____           | _____       |
| Data Entry            | _____           | _____       |

6/30/09

File ▶ Navigation ▶ Tools ▶

**Receipt Details for C091541**

| Status | Adjustment Type | Version |
|--------|-----------------|---------|
|        |                 | 1       |

**General Information**

| Date Received         | Date Deposited                  | Region | Total Amount | Payment Type |
|-----------------------|---------------------------------|--------|--------------|--------------|
| 8/16/2010 10:28:47 AM | 8/16/2010 3:01:19 PM            | STATE  | \$100.00     | Check        |
| Payer                 | CUTTING, THOMAS M./CATHERINE A. |        |              |              |

**Account Information:**

|               |      |
|---------------|------|
| Check Number: | 4452 |
|---------------|------|

**Comment**10746 N HAYDEN PT RD  
HAYDEN LAKE ID 83835**Fee Details:**

| Amount   | Description | PCA   | Fund | Fund Detail | Subsidiary | Object |
|----------|-------------|-------|------|-------------|------------|--------|
| \$100.00 | PERMITS     | 56103 | 0229 | 21          |            | 1155   |