



State of Idaho

## DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

August 18, 2017

### CERTIFIED MAIL – RETURN RECEIPT REQUESTED

CAMERON L MACDONALD  
JAMIE R MACDONALD  
PO BOX 3446  
HAILEY ID 83333

### NOTICE TO RESUME WATER USE

Re: Water Right Nos. 2-4005 and 2-7418

Dear Applicant:

On September 14, 2012 the Idaho Department of Water Resources (Department) approved Applications for Extension of Time to Avoid Forfeiture for the above referenced water rights. One condition of the approvals was that diversion and use of this water must resume on or before October 31, 2017. Failure to resume use of the water and to notify the Department of the resumed use would be cause for the water to revert back to the state and again be subject to appropriation.

Idaho Code § 42-222(4)(d) requires the Department to send this notice, by certified mail, sixty days prior to the date water use must resume. Enclosed is the Resumption of Use form for your use to notify the Department of your resumption of use of the water rights. Please complete the form and return it to my attention at the above address.

If you have any questions regarding this matter, please contact me at (208) 287-4881.

Sincerely,

Sandra Thiel  
Senior Water Resource Agent

Enclosure

c. David M Ayarra Jr Trust

| U.S. Postal Service <sup>TM</sup>                                                            |                     |
|----------------------------------------------------------------------------------------------|---------------------|
| CERTIFIED MAIL <sup>TM</sup> RECEIPT                                                         |                     |
| (Domestic Mail Only; No Insurance Coverage Provided)                                         |                     |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |                     |
| OFFICIAL USE                                                                                 |                     |
| Postage                                                                                      | \$                  |
| Certified Fee                                                                                |                     |
| Return Receipt Fee<br>(Endorsement Required)                                                 |                     |
| Restricted Delivery Fee<br>(Endorsement Required)                                            |                     |
| Total P                                                                                      |                     |
| Sent To                                                                                      | CAMERON L MACDONALD |
| Street, A<br>or PO Box                                                                       | JAMIE R MACDONALD   |
| City, State                                                                                  | PO BOX 3446         |
|                                                                                              | HAILEY ID 83333     |
| PS Form                                                                                      | Instructions        |

7012 1640 0001 3857 5145

8-18-17