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DEC 16 2013

DEPARTMENT OF
WATER RESOURCES

December 12, 2013

Idaho Department of Water Resources

Darla Block

PO Box 83720

Boise, ID 83720-0098

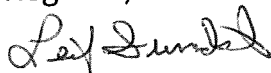
R: Permit No. 94-8529

Dear Mrs. Block,

Please find enclosed the form for submitting proof of beneficial use as well as a check for the \$50.00 examination fee per your letter dated 11/29/13.

I spoke to Michelle in your office this Thursday the 12th regarding the original notice of claim filing 94-8277 that was accidentally withdrawn per the enclosed withdrawal form signed by my parents on 10/22/2011. This form was sent to them with the top portion already filled in by someone from your department and it is not something that my parents had requested. They signed it not even knowing what it meant so I am really curious as to why your department would complete a withdrawal form and send to them when they just recently tried to submit a notice of claim to water right a month prior to this (9/03/11). They had made an error on the priority date of 10/02/1972. This is when they built their new home, not the date of priority. My mother had called your department on September 14th 2011 to explain the error and that the property actually had been using the same water supply since 1912 when my father's great uncle purchased the land. At that time she was told it would be corrected and then I am assuming this is when the withdrawal form was sent to them, possibly in error or maybe to intentionally mislead them????

Regards,


Leif Sundstrom

not our handwriting

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

Name of Claimant: DONNA, ROY, LEIF, SHERYL SUNSTROM
Mailing Address: 385 KLETTE RD KINGSTON, ID 83839
Amount: 25.00 Receipt No.: T-093910
Claim No(s).: 97-8277

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 of Claimant) (Date)
Donna Sunstrom 10-22-11
(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