

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

IN THE MATTER OF APPLICATION	)	
FOR TRANSFER NO. 75529	)	NOTICE OF HEARING
	)	AND
Gregory J. and Julie A. DeVries,	)	PRE-HEARING ORDER
	)	
Applicants	)	
	)	
DuWayne Kimball,	)	SOURCE: groundwater
	)	
Protestant	)	COUNTY: Twin Falls
	)	

On July 17, 2009 Gregory J. and Julie A. DeVries, (applicants), filed with the Department of Water Resources an application to transfer the public waters of the State of Idaho. The Department has received a protest against the approval of said application from the above captioned protestant. The Pre-Hearing Conference held on August 27, 2009 did not resolve the matter of protest.

THEREFORE, The Department has set the matter for hearing on **Tuesday - October 6, 2009 commencing at 10:00 a.m. in the Community Room, Obenchain Insurance Building, 264 Main Avenue South; Twin Falls, ID. Participants are cordially requested to use the WEST entrance to the building which faces the one-way Second Avenue South street.**

The hearing will be held in accordance with provisions of Chapters 2 and 17, Title 42 and Chapter 52, Title 67, Idaho Code, the adopted Rules of Procedure of the department and Water Appropriation Rules 40 and 45. A copy of the rules may be obtained from the department upon request.

The hearing will be conducted in a facility that meets the accessibility requirements of the Americans with Disabilities Act. If you require special accommodations in order to attend, participate in or understand the conference, please advise the department within (10) days prior to the conference.

The presiding Hearing Officer will be Allen Merritt, whose address is: Idaho Department of Water Resources Southern Regional Office, 1341 Fillmore Street-Suite #200; Twin Falls, Idaho 83301.

Pre-Hearing Order

IT IS HEREBY ORDERED, pursuant to Rule of Procedure 37.01.01510 (Rule of Procedure 510) that each party will mail to the Hearing Officer, and to the other parties of record, the following information as prescribed below:

On or before September 18, 2009 the parties shall exchange a list of witnesses, including expert witnesses the party will call or rely on.

On or before September 29, 2009, the parties shall provide a list of exhibits to be admitted without objection.

On or before September 29, 2009 the parties shall provide a list of Stipulated Conditions for the cancellation of the Hearing.

Failure to comply with this Pre-Hearing Order is cause for the hearing officer to issue a Notice of Proposed Default to dismiss a party's pleading as provided in IDAPA 37.01.01700 (Rule of Procedure 700).

All parties to the matter will have the opportunity to respond and present information and argument on all issues involved. **Only witnesses or exhibits properly disclosed will be considered at the hearing.**

Dated this 28th day of August, 2009.



Allen D. Merritt, P.E.
Regional Manager

CERTIFICATE OF MAILING

I hereby certify that on the 28th day of August, 2009 a true and correct copy of the above and foregoing Notice of Hearing and Pre-Hearing Order was forwarded with all required charges prepared, by U.S. Mail to the parties listed:

GREGORY & JULIE DE VRIES
3971 N 1200 E
BUHL ID 83316

GARY D. SLETTE
ROBERTSON & SLETTE
PO BOX 1906
TWIN FALLS ID 83303-1906

ATTN JEFF PEPPERSACK
IDAHO DEPT OF WATER RESOURCES
PO BOX 83720
BOISE ID 83720

BROCKWAY ENGINEERING
2016 NORTH WASHINGTON ST-STE 4
TWIN FALLS ID 83301

DU WAYNE KIMBALL
1333 E 3500 N
BUHL ID 83316



Mary A. Baldwin
Administrative Assistant I

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Am/T 75529

GREGORY & JULIE DE VRIES
3971 N 1200 E
BUHL ID 83316

2. Article Number
(Transfer from service label)7004 2890 0001 7072 3901

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: Am/T 75529

GARY D. SLETTE
ROBERTSON & SLETTE
PO BOX 1906
TWIN FALLS ID 83303-1906

2. Article Number
(Transfer from service label)7004 2890 0001 7072 3918

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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☐ Agent
☐ Addressee

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C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Am/T 475529

DU WAYNE KIMBALL
1333 E 3500 N
BUHL ID 83316

2. Article Number
(Transfer from service label)7004 2890 0001 7072 3925

COMPLETE THIS SECTION ON DELIVERY

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☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 7072 3901

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Certified Fee	280 \$2.80
Return Receipt Fee (Endorsement Required)	23 \$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$55 \$5.54

0372



Sent To
 Street, /
 or PO B
 City, Sta

GREGORY & JULIE DE VRIES
 3971 N 1200 E
 BUHL ID 83316

PS Form 3849, November 2008 For Instructions

7004 2890 0001 7072 3918

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TWIN FALLS ID 83301

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Certified Fee	280 \$2.80
Return Receipt Fee (Endorsement Required)	230 \$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$55 \$5.54

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GARY D. SLETTE
 ROBERTSON & SLETTE
 PO BOX 1906
 TWIN FALLS ID 83303-1906

Instructions

7004 2890 0001 7072 3925

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BUHL ID 83316

Postage	\$ 44 \$0.44
Certified Fee	280 \$2.80
Return Receipt Fee (Endorsement Required)	230 \$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$55 \$5.54

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DU WAYNE KIMBALL
 1333 E 3500 N
 BUHL ID 83316

For Instructions