

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

IN THE MATTER OF APPLICATION FOR PERMIT
NO. 45-07745

USDA-FOREST SERVICE,
Applicant

EARL L. WARTHEN, FRED HAWKER
Protestants

ANDRWOOD, INC., LEO BELL,
Interveners

NOTICE OF HEARING

Source: Surface Water
County: Cassia

On September 3, 1999 the USDA-Forest Service filed with the Department of Water Resources an application to appropriate the public waters of the State of Idaho. In addition, on January 05, 1998 the USDA-Forest Service, applicant, filed with the Department of Water Resources an application to transfer the public waters of the State of Idaho, which was later withdrawn. The Department has received a protest against the approval of said applications from the above captioned protestants. An Order Granting Intervention was issued to Andrwood, Inc. on December 20, 1999. An Order Granting Intervention was issued to Leo Bell on April 2, 2002. The Pre-Hearing Conference held on April 18, 2002 did not resolve the matter of protests against the application.

THEREFORE, The Department has scheduled the matter for hearing **on Tuesday-January 30, 2007 and to be continued on Wednesday-January 31, 2007 in the Council Room, Burley City Hall, 1401 Overland, Burley ID commencing at 9:00 a.m.** 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 presiding officer at the hearing will be **Gary Spackman**.

In addition, on or before January 9, 2007 the parties shall make an exchange of witness lists, copies of documents and proposed exhibits to be offered at the hearing.

If you plan to offer exhibits for the record, note that IDAPA Rule of Procedure 37.01.01606 requires that you provide a copy of exhibits to each party and to the presiding officer.

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 hearing, please advise the department within ten (10) days prior to the hearing.

All parties to the matter will have the opportunity to respond and present information and argument on all issues involved.

Dated this 29th day of November, 2006.



Allen D. Merritt
Southern Region Manager

CERTIFICATE OF MAILING

I hereby certify that on the 29th day November, 2006 a true and correct copy of the foregoing Notice of Hearing was forwarded with all required charges prepared, via U.S. Mail by the method indicated below, to the parties listed:

Mary A. Baldwin

Mary A. Baldwin
Administrative Assistant I

STEVE SPENCER
USDA-FOREST SERVICE
161 E MALLARD DR # 110
BOISE ID 83706-3974

U.S. Mail-Certified x

SCOTT C. NANNENGA
USDA-FOREST SERVICE
3650 S OVERLAND AVE
BURLEY ID 83318

U.S. Mail-Certified x

EARL L. WARTHEN
PO BOX 145
ALBION ID 83311

U.S. Mail-Certified x

NORMAN M. SEMANKO ESQ
ATTORNEY AT LAW
1010 W JEFFERSON ST., STE 101
BOISE ID 83702

U.S. Mail-Certified x

ROCHELLE MAUREEN DAVIS
BARKER RSHOLT & SIMPSON LLP
PO BOX 2139
BOISE ID 83701-2139

U.S. Mail-Certified x

ATTN WOODY ANDERSON
ANDRWOOD, INC
PO BOX 158
ALBION ID 83311

U.S. Mail-Certified x

ROGER D. LING
LING NIELSEN & ROBINSON
PO BOX 396
RUPERT ID 83350

U.S. Mail-Certified x

LEO BELL
HC 36 BOX 26
ALBION ID 83311

U.S. Mail-Certified x

FRED HAWKER
361 W 400 S
BURLEY ID 83318

U.S. Mail-Certified x

CHARLES G. BROCKWAY P E
BROCKWAY ENGINEERING
2016 NORTH WASHINGTON ST-STE 4
TWIN FALLS ID 83301

U.S. Mail-Regular x

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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: 45-7745 1A11

STEVE SPENCER
USDA-FOREST SERVICE
161 E MALLARD DR # 110
BOISE ID 83706-3974

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

2. Article Number

(Transfer from service label)

7002 0510 0001 0739 1406

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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: 45-7745 Am

SCOTT C. NANNENGA
USDA-FOREST SERVICE
3650 S OVERLAND AVE
BURLEY ID 83318

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

2. Article Number

(Transfer from service label)

7002 0510 0001 0739 1390

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identifier
■ A signature upon delivery
■ A record of delivery
Important Reminder
■ Certified Mail is required for an additional delivery. To obtain a receipt (PS Form 3811) for your mailpiece, a duplicate fee is required.
■ For an additional delivery, the mailpiece must be addressed to an addressee in the United States.
■ If a postmark is placed on the mailpiece, the receipt is not required.
IMPORTANT: See
PS Form 3811, January 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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: **45-7745 AM**

EARL L. WARTHEN
PO BOX 145
ALBION ID 83311

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

2. Article Number
(Transfer from service label)

7002 0510 0001 0739 1383

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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: **45-7745 1AM**

NORMAN M. SEMANKO
ATTORNEY AT LAW
1010 W JEFFERSON ST, STE 101
BOISE ID 83702

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

2. Article Number
(Transfer from service label)

7002 0510 0001 0739 1376

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

■ A mailing receipt

■ A unique identifier

■ A signature upon delivery

■ A record of delivery

Important Reminder

■ Certified Mail is not

insured unless you

purchase additional

insurance

■ NO INSURANCE

For an additional

charge, to obtain

insurance, please

check the appropriate

box on the PS Form

3811. Endorsement

is required.

■ For an additional

charge, to obtain

insurance, please

check the appropriate

box on the PS Form

3811. Endorsement

is required.

■ If a postmark is

not present at the

post office, a receipt

is not required.

IMPORTANT: See

PS Form 3800, June

[illegible]

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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: 45-7745/AM

LEO BELL
HC 36 BOX 26
ALBION ID 83311

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

2. Article Number
(Transfer from service label)

7002 0510 0001 0739 1239

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A signature of the sender
■ A record of delivery
Important Reminder
■ Certified Mail is not a guarantee of delivery.
■ It is not a substitute for insurance.
■ It is not a substitute for a return receipt.
■ It is not a substitute for a signature.
■ It is not a substitute for a receipt.
■ It is not a substitute for a proof of delivery.
IMPORTANT: See
PS Form 3811, February 2004

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$.39
Certified Fee 2.60
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sen STEVE SPENCER
Str or F USDA-FOREST SERVICE
City 161 E MALLARD DR # 110
BOISE ID 83706-3974

PS Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$.39
Certified Fee 2.60
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Se NORMAN M. SEMANKO
Str or F ATTORNEY AT LAW
City 1010 W JEFFERSON ST, STE 101
BOISE ID 83702

PS Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$.39
Certified Fee 2.60
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sen SCOTT C. NANNENGA
Str or F USDA-FOREST SERVICE
City 3650 S OVERLAND AVE
BURLEY ID 83318

PS Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.39
Certified Fee 2.60
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sen ROCHELLE MAUREEN DAVIS
Str or F BARKER RSHOLT & SIMPSON LLP
City PO BOX 2139
BOISE ID 83701-2139

PS Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$.39
Certified Fee 2.60
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sen EARL L. WARTHEN
Str or F PO BOX 145
City ALBION ID 83311

PS Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$.39
Certified Fee 2.60
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Se LEO BELL
Str or F HC 36 BOX 26
City ALBION ID 83311

PS Instructions

697 1369 0739 0000 0150 7002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.39
Certified Fee	2.60
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

ATTN WOODY ANDERSON
ANDRWOOD, INC
PO BOX 158
ALBION ID 83311

PS or Instructions



2527 1352 0739 0000 0150 7002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.39
Certified Fee	2.60
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

ROGER D. LING
LING NIELSEN & ROBINSON
PO BOX 396
RUPERT ID 83350

PS For Instructions



1246 0739 0000 0150 7002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.39
Certified Fee	2.60
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

FRED HAWKER
361 W 400 S
BURLEY ID 83318

PS or Instructions

