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Claim Number: 95-10157
Claim Fee: \$25.00
Claimant(s): JAMES WARD
P.O. BOX 699
SPIRIT LAKE, ID
83869
Claimed Purpose(s) of Use: DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
North Idaho Adjudication
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800