

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER BASIN
WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number 95-8963
Date Received: 6/8/2009
Receipt No:
Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED AMENDED

JUN 18 2009

DEPARTMENT OF
WATER RESOURCES

1. Name of Claimant(s)

ROBERT KUHN Phone: (805)239-5846

4610 IBIS LN
PASO ROBLES CA USA 93446

MICHELLE KUHN Phone: (805)239-5846

4610 IBIS LN
PASO ROBLES CA USA 93446

2. Date of Priority: 05/12/1997

3. Source: TWIN LAKES RESERVOIR Trib. to: SINKS RATHDRUM CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
52N	04W	5	NW SW 9	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	1/01	12/31	<u>0.02</u> ~~0.009~~	0.6

7. Total Quantity Appropriated is:
0.02 C.F.S. and/or 0.6 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	04W	5	SW	SW 9	DOMESTIC	
52N	04W	5	NW	SW 9	DOMESTIC	

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Domestic use is for 1 home and does not include lawn, garden, landscape, or other types of irrigation.

Use of water under this water right will be regulated by the watermaster of State Water District No. &DISTRICT.

This claim was renumbered from 95-10618.

This claim was amended to reflect the water right elements described in license 95-8963.

15. Basis of Claim: License

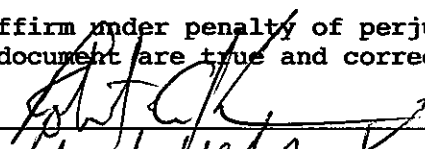
16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): 

Date: 6/14/09



Date: 6/14/09