



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

October 8, 2009

CHRISTINE M SCHULZ
PO BOX 807
RATHDRUM ID 83858

RE: Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) claim no. 95-7254

Dear Christine:

Enclosed is a draft amended CSRBA claim for water right no. 95-7254 that can be filed to replace the claim that was submitted on October 2, 2009. I have entered "See Attachment" for the Name of Claimant(s), so you will need to attach a separate sheet that identifies the individuals or entity that should be listed as the claimants or claimant. An additional filing fee of \$30.00 will be required to claim licensed water right no. 95-7254.

Also enclosed is a copy of water right license no. 95-7254 that you may keep for your records. Please contact me phone at (208) 287-4917, or you may send an email to Carter.Fritschle.idwr.idaho.gov if you have any questions or need more information.

Sincerely,

Carter Fritschle
Section Manager
Adjudication Bureau

Enclosures:

Draft copy of CSRBA claim no. 95-7254

Copy of water right license no. 95-7254

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 95-7254
Date Received: 10/02/2009
Receipt No: N022311
Received By:

AMENDED
NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s) See Attachment

2. Date of Priority: 04/17/1973

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
52N	04W	17	SE SW	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	0.05	12

7. Total Quantity Appropriated is:
0.05 C.F.S. and/or 12 A.F.A.

8. Non-irrigation uses:

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	04W	17	SW	SW	DOMESTIC	
			SE	SW	DOMESTIC	
			NE	SW	DOMESTIC	
			NW	SW	DOMESTIC	

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? See Remarks

12. Other Water Rights Used:

13. Remarks:

The water system supplies multiple homes.

14. Basis of Claim: License

15. 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 or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

Signature of Claimant: _____ Date _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Signature of Authorized Agent _____ Date: _____

_____ of _____
Title Organization
That I have signed the foregoing document in the space below as

_____ of _____
Title Organization
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Date

Title and Organization

Please print name