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Receipt #
NO 2458
db

Claim Number: 95-12845

Claim Fee: \$53.00

Claimant(s): JEFF GAGE

617 SHERMAN ST SW
OLYMPIA, WA
98502

Claimed Purpose(s) of Use: DOMESTIC
IRRIGATION

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