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NO 25719

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Claim Number: 94-7696

Claim Fee: \$25.00

Claimant(s): JOHN POWERS

19825 E CANARY CREEK RD
CATALDO, ID
83810

Claimed Purpose(s) of Use: DOMESTIC

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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