

Amended claim

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IDWR / NORTH

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: 91-7252
Date Received: 12/22/2010
Receipt No.:

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
12/22/2010		\$63.00

*25⁰⁰
MB*

*Please refund
Balance owed*

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL OR JUDY BODEY	421 N MAIN	LATAH	WA	USA	99018

2. Date of Priority:

Date	Explanation
6/26/2009	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	01E	20	3	SE	NW	BENEWAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
~~MULTIPLE~~ USE <i>Domestic</i>	-	-	Water is used for recreational cooking, washing personal vehicles, watering plants and trees all during summer months. Water is not used in the winter. This is a summer recreational property with well.

M.B.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
~~MULTIPLE~~ USE	6 / 1	10 / 1

Domestic use m.B.

7. Quantity:

Water Use	CFS	AF	KW
~~MULTIPLE~~ USE	~~0.130~~	0.00	0.0

Totals:

CFS	AF	KW
~~0.130~~	0.00	

0.04 m.B.

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
~~MULTIPLE~~ USE	46N	01E	20	SE	NW	BENEWAH	-	-

m.B. Domestic use

9. Basis of Claim:

Basis
Beneficial Use

10. 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): Michael Bodley Date: 12-28-10
Judy Bodley Date: 12-28-10

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

_____ 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