



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

July 16, 2013

Bruce Eugene Clark
16671 SE Haig DR
Portland, OR 97236

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 94-8882

Dear Claimant:

Thanks for the Amended Claim that you provided to the Idaho Department of Water Resources (IDWR). Your information has been data entered as shown on the enclosed computer generated version of your Amended Claim.

Please review and sign the enclosed copy of your Amended Claim showing the information you provided and a complete Parcel Number (RPC04500070060). Please return this to IDWR at the address shown above.

My telephone number at the IDWR Northern Region Office is (208) 762.2816.

Respectfully,

Shaun M. Maxey
Senior Water Resource Agent
Idaho Department of Water Resources, Northern Region

SCANNED

JUL 15 2013

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

ID Number: _____

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

Amended Claim
NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For domestic and/or stockwater purposes where
daily use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) BRUCE EUGENE CLARK Phone 503 665.9649
Mailing address 16671 SE HAIG DR PORTLAND OR ZIP 97236
Street or Box City State
2. Date of priority (only one (1) per claim) 12.31.1941
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 48N, Range 03E, Section 13,
SE 1/4 of NW 1/4, or Govt. Lot 6, B.M., County of SHOSHONE
Parcel (PIN) no. RPC04500070060
Additional points of diversion, if any: _____
If available, GPS coordinates _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WELL WITH PUMP-WELL REMAINS USEABLE AND WAS USED FOR HOME.
6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 01-01 to 12-31 amount 0.04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (x) or AFY ()
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): CITY LOT -NO HOUSE WELL WAS LAST USED FOR HOME 2006.

9. Location of place of use is: Township 48N, Range 03E, Section 13, SE 1/4 of NW 1/4, or Govt. Lot 6, B.M., Parcel (PIN) no. (if different than shown in Item 4) RPC04500070060

For (check one) **Domestic** (x) **Stock** () **Domestic and Stock** ()

Additional places of use, if any: _____

10. In which county(ies) are lands listed above as place of use located? SHOSHONE

11. Do you own the property listed above as place of use? Yes (x) No ()

If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (x)

13. Remarks:

14. Basis of claim (check one) **Beneficial Use** (x) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

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 notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do () do not (x) 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: _____

_____ Date: _____

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 _____

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____
