

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: 94-0553

Date Received: 09/17/2013

Receipt No: N020432

Amount: _____ By: _____

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

RECEIVED
SEP 17 2013
IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) EVELYN B DRAGER Phone _____
Mailing address PO BOX 421 OSBURN ID 83849
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 9/2/1892
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) SHIELDS GULCH
which is tributary to (b) SOUTH FORK COEUR D ALENE RIVER
4. a. Location of point of diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
Parcel (PIN) no. _____
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township 48N, Range 4E,
Section 20, SW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of SHOSHONE
ending point is: Township 48N, Range 4E, Section 20, SW 1/4 of NW 1/4 or
Govt. Lot _____, B.M., County of SHOSHONE
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
15 HEAD MIXED STOCK DRINK FROM THE LENGTH OF STREAM IN SHIELDS GULCH AS IT PASSES
THROUGH MY PROPERTY.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For STOCKWATER purposes from 01-01 to 12-31 amount .02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .02 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): 15 HEAD MIXED STOCK. DAIRY FARM HISTORIC USE. HORSES CURRENTLY.

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	4E	20							IS										

Parcel (PIN) no(s). C00000203510 Total number of acres irrigated _____

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)

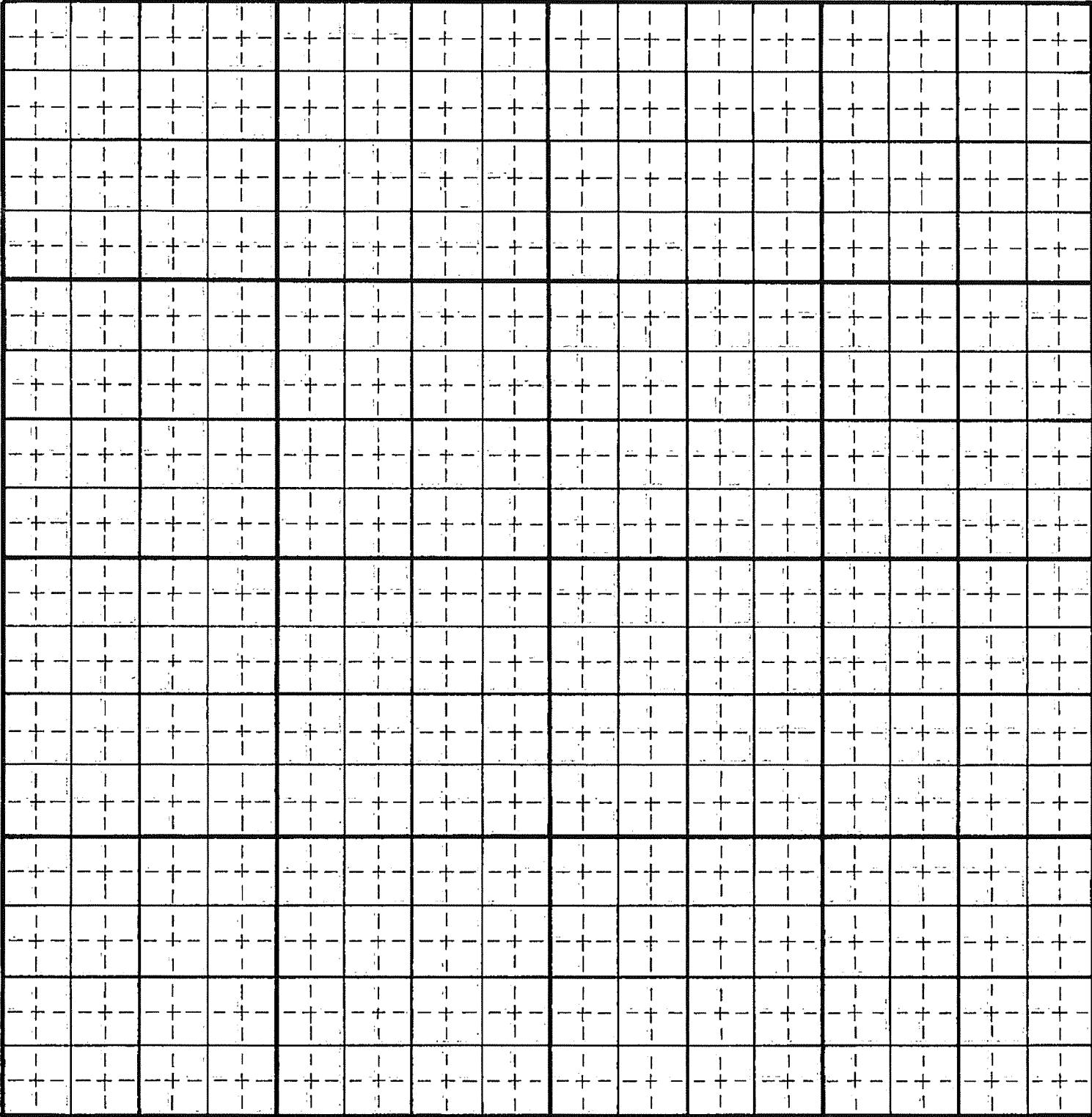
13. Remarks:

CLAIM 94-8698 ALSO INCLUDES STOCKWATER USE.

Last name DRAGER Identification no. _____

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Last name DRAGER Identification no. _____

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 Erin B Drager Date 9-16-13

Address Box 421
Osburn, Id 83849

Last name DRAGER Identification no. _____