

AMENDED**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 94-7878Date Received: 10-14-09Receipt No: N022451 BReceived By: E.D.**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****RECEIVED****AUG 31 2011**

1. Name of Claimant(s) LARRY JAMISON Phone 208 819 1001
818 0492
 Mailing Address P.O. Box 357 COEUR D'ALENE IDAHO Zip 83816
 Street or Box City State
2. Date of Priority: (Only one per claim) 12-31-1965
 Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (or Other (X) (a) COEUR D'ALENE RIVER
 which is tributary to (b) COEUR D'ALENE LAKE
4. Location of Point of Diversion is: Township 50 N, Range 4E, Section 30
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Shoshone
 Parcel (PIN) no. RP56N04E310635A (X)
 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 DRILLED WELL TO REPLACE EARLIER DRILLED WELL
DESTROYED BY EROSION OF COEUR D'ALENE RIVER
6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
 For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs (X) or AFY ()
 For _____ purposes from _____ to _____ amount _____
7. Total Quantity claimed 0.04 cfs (X) or AFY ()
8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
 Stockwater and Number of livestock) 1 HOME + SHAD

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9. Location of Place of Use is: Township 50N, Range 4E, Section 39 IDWR / NORTH
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. R150N04E 310625A
 If different than shown in Item 4
 for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any _____

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

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

IDWR / NORTH

If the 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 (☒)

13. Remarks:

CLAIM EXTENDED 8-31-2011

LARRY JAMISON

14. Basis of Claim (Check One) Beneficial Use (☒) 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 (☒) 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)

Larry Jamison

Date: 10-14-2009

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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