



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

Phone: (208) 762-2800 FAX: (208) 762-2819 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

December 12, 2013

Travis Ewert
86492 Territorial
Veneta, OR 97487

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 95-13152

Dear Claimant:

Idaho Department of Water Resources (IDWR) has received and completed initial processing of your CSRBA Claim for Lake Coeur d'Alene water to serve one home on Kootenai County property tax parcel 0-8800-001-007-0. A copy of your original Claim is enclosed.

Please review, date, sign, and return the enclosed Amended Claim to the address shown above. This form includes the missing priority date (#2 on claim form) (07-09-1953) that you underlined on the attached evidence for the original Claim.

Please contact me at the IDWR Northern Region Office at (208) 762.2800 /2816 if you have any questions.

Respectfully,

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

Enclosures

Copy of original CSRBA Claim 95-13152 & attached evidence
Amended Claim 95-13152 for signature

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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) TRAVIS EWERT Phone (548) 554.7993
Mailing address 86492 TERRITORIAL RD VENETA OR ZIP 97487
Street or Box City State
2. Date of priority (only one (1) per claim) 07-09-1953
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) COEUR D'ALENE LAKE
which is tributary to (b) SPOKANE RIVER
4. Location of point of diversion is: Township 47N, Range 04W, Section 12,
SE 1/4 of SW 1/4, or Govt. Lot 4, B.M., County of KOOTENAI
Parcel (PIN) no. 0-8800-001-007-0
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.
PUMP AND PIPE LINE
6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 03-15 to 11-15 amount .04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .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.): ONE CABIN

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9. Location of place of use is: Township 47N, Range 4W, Section 12, SE 1/4 of SW 1/4,
or Govt. Lot 4, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____
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? KOOTENAI

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 _____

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