

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: 94-8955

Date Received: 09/20/2013

Receipt No: J028705

Amount: By:

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

Please type or print clearly

1. Name of claimant(s) DONALD R. LYLE AND TOMI G. LYLE Phone (208) 752.3603
Mailing address PO Box 245 City State ZIP 83849
Street or Box
2. Date of priority (only one (1) per claim) NOV 15, 1939
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other (x) (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 48N, Range 03E, Section 13,
NW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of SHOSHONE
Parcel (PIN) no. RPC00000133100
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
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.
5 FOOT DIAMETER CULVERT DRIVEN INTO GROUND FILLS WITH WATER THAT IS PUMPED WITH A
GASOLINE PUMP (212 CC GAS ENGINE) . WATER IS DISTRIBUTED FROM A 2 INCH DISCHARGE TO
HOSE WATER LINES.

SCANNED
FEB 19 2014

Scale: 2 inches equals 1 mile

A large grid of 16x16 squares, each containing a crosshair pattern. A red stamp in the bottom right corner reads "SCANNED FEB 19 2014".

Last name _____ Identification no. _____

6. Water is claimed for the following purposes:

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

For IRRIGATION purposes from 04-01 to 10-31 amount .09 or 9.0

For DOMESTIC purposes from 01-01 to 12-31 amount .04 or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) .09 (cfs) and/or (b) 9.0 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): 1

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	3E	13						I											3
48N	3E	13						D											

Parcel (PIN) no(s). SEE REMARKS

Total number of acres irrigated 3

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.

SEE REMARKS BELOW or None ()

13. Remarks:

RPC00000133100 AND RP48N03E133150 (PLACE OF USE)

CENTRAL SHOSHONE COUNTY WATER DISTRICT SOME DOMESTIC WATER TO RP48N03E133150,

SCANNED

FEB 19 2014

Last name 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) *David R. Lyle* Date: 9-20-13

Gonnie A. Lyle Date: 9-20-13

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 _____

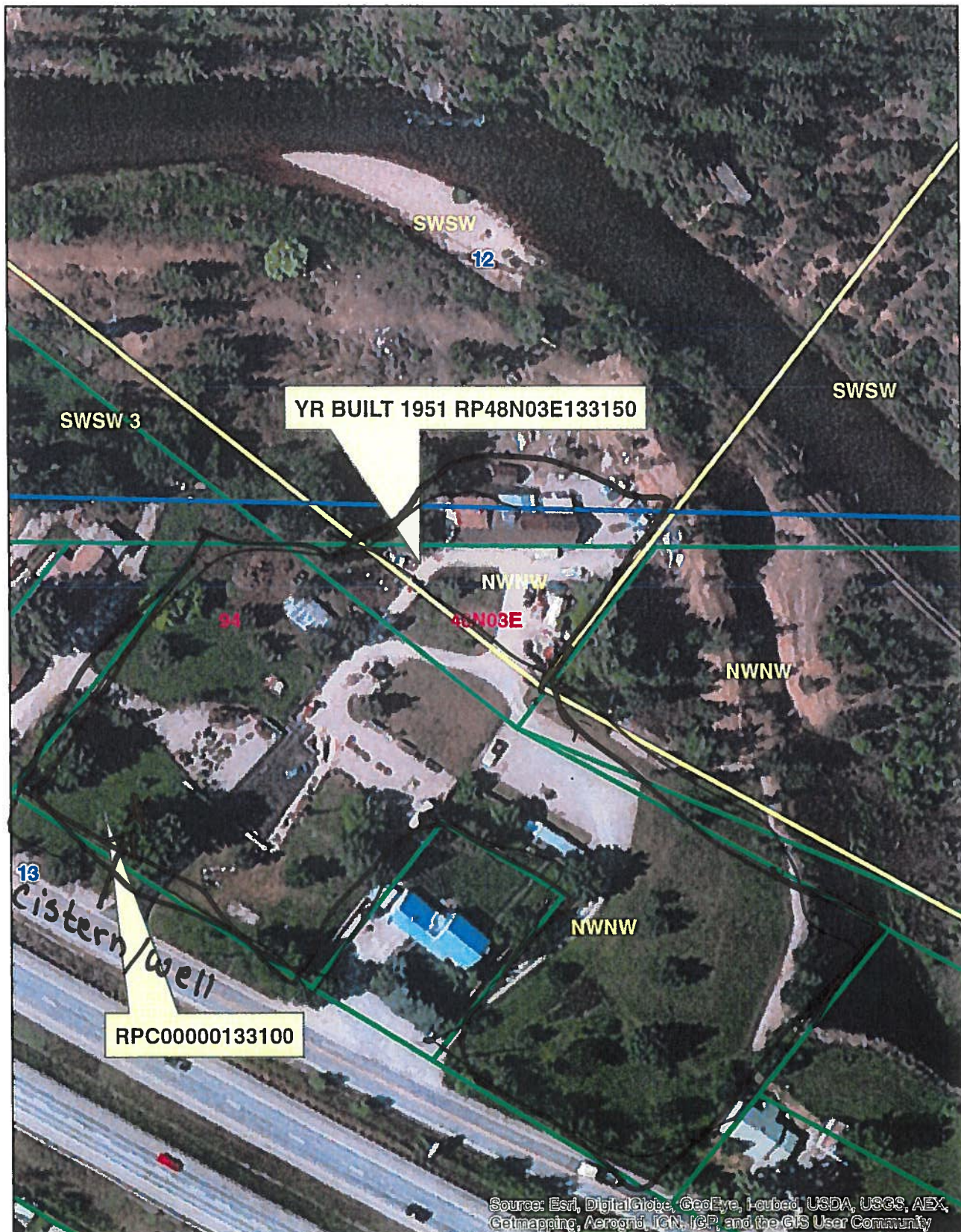
Address _____

SCANNED

FEB 19 2014

Last name _____ Identification no. _____

94-8955 LYLE PARCEL RPC00000133100 USGS KELLOGG EAST (PHOTO YR 1977)



FEB 19 2014