



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 10, 2013

Shoshone County Public Works Director
ATTN: John C. Thomas
700 Bank ST Ste 35
Wallace, ID 83873

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 94-9028

Dear Mr. Thomas:

Idaho Department of Water Resources (IDWR) has completed initial processing of your CSRBA Claim on a well (Ground Water) for Domestic use to supply the Osburn Shop. A copy of your original Claim is enclosed.

Please review the enclosed photocopy of your original Claim using the Domestic and Stock claim form. The Claim shows missing information for Items 6, 7, and 8. Please review, sign, date, and return the enclosed Amended Claim that shows how IDWR has data entered missing information for these items.

Pease contact me at the IDWR Northern Region Office (208) 762.2816 if you have questions or do not agree with the changes on the Amended Claim to complete Claim 94-9028.

Respectfully,

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

Enclosures

Copy of CSRBA Claim 94-9028 and attachments
Amended Claim form

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MAR 06 2014

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: _____

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) SHOSHONE COUNTY PUBLIC WORKS Phone (208) 753-5475
Mailing address 700 BANK ST STE 35 WALLACE ID ZIP 83873
Street or Box City State
2. Date of priority (only one (1) per claim) 08/12/1985
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 4E, Section 20,
NW 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of SHOSHONE
Parcel (PIN) no. _____
Additional points of diversion, if any: _____
If available, GPS coordinates UTM 11N5769865260553 47.493853641663 -115.977906498821
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.
150 GALLON PER MINUTE DRILLED WELL 225' DEEP COMPLETED 8.12.1985 FOR COUNTY SHOP (SEE ATTACHED DRILLER'S REPORT).
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 .04
Month/Day Month/Day 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.): 1

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9. Location of place of use is: Township 48N, Range 4E, Section 20, NW 1/4 of SW 1/4, or Govt. Lot _____, 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? 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

PUBLIC WORKS DIRECTOR of SHOSHONE COUNTY,
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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