



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

April 9, 2014

Garvin Family LLC
704 W 23rd
Spokane, WA 99203

Re: Amended Claim 95-12060 for Coeur d'Alene-Spokane River Basin Adjudication
(CSRBA)

To Whom It May Concern:

Idaho Department of Water Resources (IDWR) has received your Internet CSRBA Claim 95-12060. This Claim is applicable to Kootenai County parcel 0-1240-000-001-A.

Please review, date, and sign the enclosed Amended Claim. This Amended Claim corrects the source of water used to Coeur d'Alene Lake. The signed Amended Claim and map should be returned to IDWR at the address shown above.

My telephone number at the IDWR Northern Region Office is (208) 762.2816.

Respectfully,

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

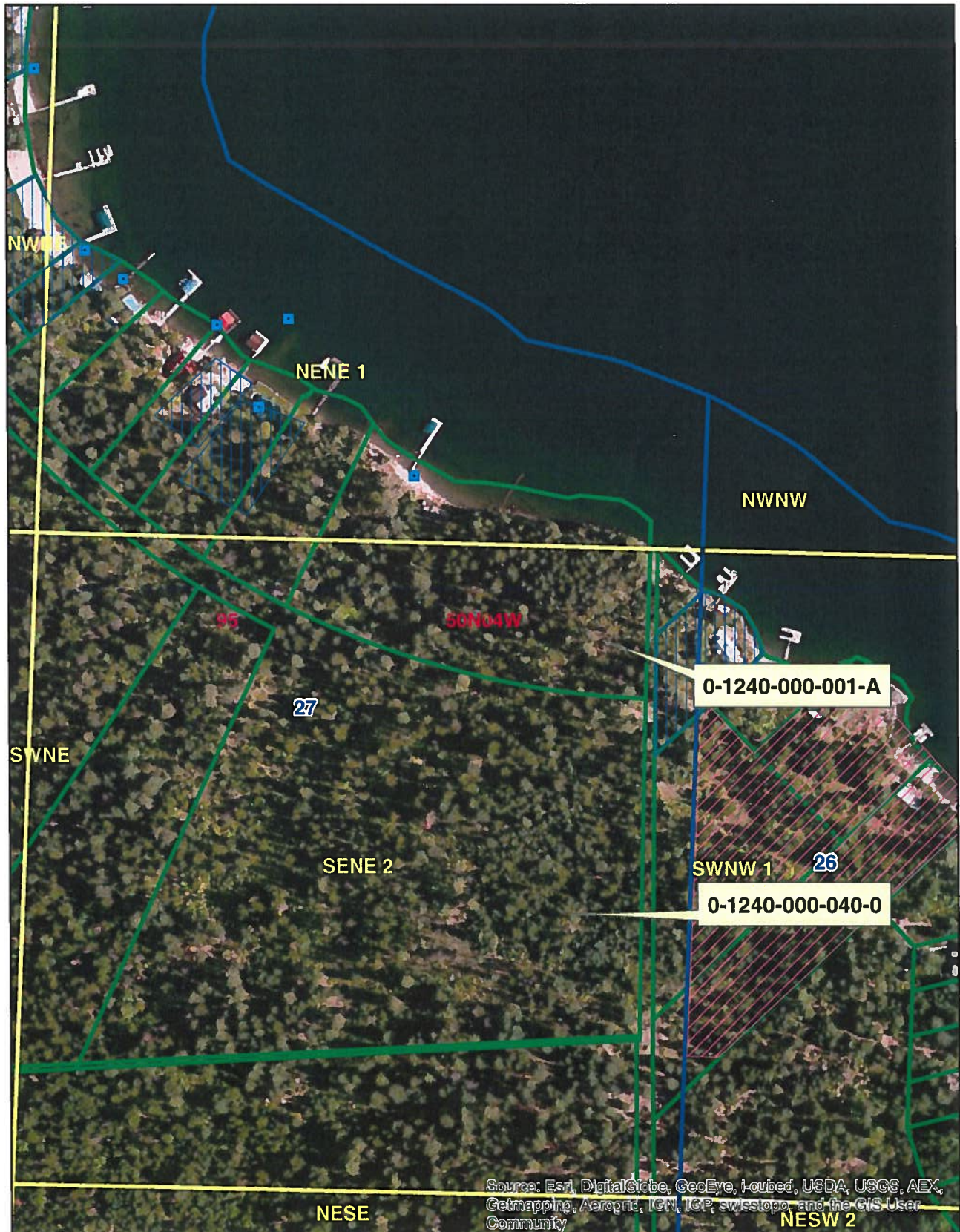
Enclosures

Amended Claim 95-12060 for signature and return to IDWR

SCANNED

APR 09 2014

95-12060 GARVIN FAMILY LLC KOOTENAI PIN 0-1240-000-001-A



SCANNED
APR 09 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: 95-12060

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) GARVIN FAMILY LLC Phone (509) 868.4091
Mailing address 704 W 23RD SPOKANE WA ZIP 99203
Street or Box City State
2. Date of priority (only one (1) per claim) 1/1/1915
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 50N, Range 04W, Section 27,
NE 1/4 of NE 1/4, or Govt. Lot 1, B.M., County of KOOTENAI
Parcel (PIN) no. 0-1240-000-001-A
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.
SYSTEM TO DIVERT LAKE WATER FROM COEUR D'ALENE LAKE FOR 1 HOME. STORAGE TANK ON
TAX PARCEL 0-1240-000-001-A.
6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 04-01 to 11-01 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.): 1 HOME

9. Location of place of use is: Township 50N, Range 04W, Section 27, NE 1/4 of NE 1/4,
or Govt. Lot 1, 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: 1 (MAP)

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 _____
