

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: 94-9234

Date Received: 12/5/2011

Received By:

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

RECEIVED

APR 30 2014

IDWR/NORTHERN

1. Name of Claimant(s)

SHERMAN WATTS

Phone: (208) 682-2153

PO BOX 150

PINEHURST ID 83850

2. Date of Priority: 5/24/1978

3. Source: GROUND WATER

Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
50N	02E	27	SW SE	2	SHOSHONE	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	05/01 09/10	0.04	

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

<u>Number of Homes:</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
2			

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
50N	02E	27	SW SE	2	DOMESTIC	

Section Acres

Total Acres

10. Place of use in counties: SHOSHONE

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

94-9234

4/25/2014

SCANNED

APR 30 2014

Description of use: Water Use

Description

DOMESTIC

14. Basis of Claim: Beneficial Use

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 notice 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):  Date: 4-28-2014

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of Organization

That I have signed the foregoing document in the space below as

Title of Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name

SCANNED

APR 30 2014