

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 41-7673Date Received: 1-4-12Receipt No: N0289610Received By: ew

RECEIVED

MAY 12 2014

IDWR/NORTHERN

AMENDED

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

1. Name of Claimant(s) Gene Gramzow Phone (970) 9464194Mailing Address 19645 Rollee Court Ct Bend OR Zip 97702
Street or Box City State2. Date of Priority: (Only one per claim) 12-26-04 ew
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of ShoshoneParcel (PIN) no. 03228-000-001-0

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.

well log # D0046052
located lot 1 Stage bridge Estates Subdivision

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 1-1 ^{Month/Day} to 12-31 ^{Month/Day} amount .04 ^{cfs () or AFY ()} ew
For _____ purposes from _____ to _____ amount _____7. Total Quantity claimed .04 ^{cfs () or AFY ()} ew

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single owners)

Stockwater and Number of livestock) 1 household

SCANNED

JAN 04 2012

9. Location of Place of Use is: Township _____, Range _____, Section _____

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 03228-000-003-0
If different than shown in Item 4

for (Check One) Domestic (☒) 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 Co

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the 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 ()

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use () 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 (☒) 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) [Signature] Date 12-26-11

8185JL LLC Date 12-26-11

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

8185JL LLC of 8185JL LLC,
Title Organization

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

Owner of 8185JL LLC,
Title Organization

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

Signature of Authorized Agent [Signature] Date 12-26-11

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 [Signature] Date 12-26-11

Address 19645 Rollev Coastcut Bend, OR 97702

Last Name GRAMZOW Identification No. _____

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JAN 04 2012