

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 91-7675Date Received: 1-4-12Receipt No: 20289618Received By: W

RECEIVED

MAY 12 2014

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

IDWR/NORTHERN

1. Name of Claimant(s) Gene Spaw 2000 Phone 970 9464194818 SJH LLCMailing Address 19645 Roller Coaster & Bend OR Zip 97702

Street or Box

City

State

2. Date of Priority: (Only one per claim) 12-26-2008

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 Caldw, Range _____, Section __________ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of ShoshoneParcel (PIN) no. 03228-000-004-0

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 160 ft 60 g / minute
Well Tag # unknown located Lot 45 of Joe Lodge 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 to 12-31 amount .04

Month/Day

Month/Day

cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs () or AFY ()

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

Stockwater and Number of livestock) 1 household

SCANNED

JAN 04 2012

9. Location or Place of Use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ Govt. Lot _____ BM. Parcel (PIN) no. 0 228-000-003-0
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.

Well located on 0-228-000-001-0 Tract # 00046052 or None ()

13. Remarks:

Also a 16' hand dug well 10gpm located on
Parcel # 0-3228-000-007-0

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
818 SJL LLC Date: 12-26-11

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

Owner of 818 SJL LLC,
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 [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 Roller Coaster Ct Bend, OR 97702

Last Name Graham Identification No. _____

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JAN 04 2012