

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: 95-10226

Date Received: 3/24/2009

Receipt No: T088384

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

RECEIVED
MAY 14 2014
IDWR/NORTHERN

1. Name of Claimant(s)

FLOYD LINDBERG
PO BOX 992
ATHOL ID 83801

Phone: (925) 984-3246

2. Date of Priority: 5/13/2003

3. Source: GROUND WATER

Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
53N	03W	2	SE SW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1/1 12/31	0.03	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A.

8. Non-irrigation uses:

Number of Homes: 1 Water Use Type Of Stock Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
53N	03W	2	SE SW		DOMESTIC	
			NE SW		DOMESTIC	
					Section Acres	
					Total Acres	

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

13. Remarks:

95-10226

4/24/2014

SCANNED
MAY 13 2014

Priority date description: Well Driller's Report

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 X 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):

F. Alan J. J. J.

Date:

5/12/2014

Date:

For Organizations: I do solemnly swear or affirm under penalty or 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 _____

Please print name

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SCANNED
MAY 13 2014