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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: 95-16268

Date Received: ~~11/2/2011~~ 11-12-2014

Receipt No: N028438

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RICHARD HEINTZ Phone:(208) 265-6383

PO BOX 411

BLANCHARD ID 83804-0411

DEBBRA HEINTZ Phone:(208) 265-6383

PO BOX 411

BLANCHARD ID 83804-0411

2. Date of Priority: ~~5/12/1979~~ May 12, 1975

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
54N	04W	19	NW SE		BONNER	

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	0.04	0

7. Total Quantity Appropriated is: 0.04 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
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
54N	04W	19	NW SE		DOMESTIC	

Section Acres

Total Acres

10. Place of use in counties: BONNER

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

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): Richard McHenry Date: 11/12/14
Debra Henry Date: 11/12/14

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