

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

ID Number: 94-2173

Date Received: 8-21-14

Receipt No: TO94418

Amount: _____ By: Chad

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

RECEIVED

AUG 21 2014

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) SHOSHONE GOLF AND TENNIS INC Phone 208-784-0161
Mailing address PO BOX 629 OSBURN ID ZIP 83849
Street or Box City State
2. Date of priority (only one (1) per claim) 10/31/1936
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) BIG CREEK
which is tributary to (b) SOUTH FORK CDA RIVER
4. a. Location of point of diversion is: Township 48N, Range 03E, Section 10,
SE 1/4 of NE 1/4, or Govt. Lot _____, B.M., County of SHOSHONE
Parcel (PIN) no. RP48N03E100300
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
DIVERSION IN CREEK WITH PIPING TO STORAGE POND THEN PUMPED OUT OF POND FOR
IRRIGATION

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For DIVERSION TO STORAGE purposes from 4/1 to 10/31 amount 0.50 or _____

For IRRIGATION STORAGE purposes from 4/1 to 10/31 amount _____ or 120

For IRRIGATION FROM STOR. purposes from 4/1 to 10/31 amount _____ or 120

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.50 (cfs) and/or (b) 120 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): _____

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	03E	10			SEE		AT	TA	CH	ED		MA	P						40

Parcel (PIN) no(s) RP48N03E101400,2800,3805

Total number of acres irrigated 40

10. In which county(ies) are lands listed above as place of use located? SHOSHONE

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

If your 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.

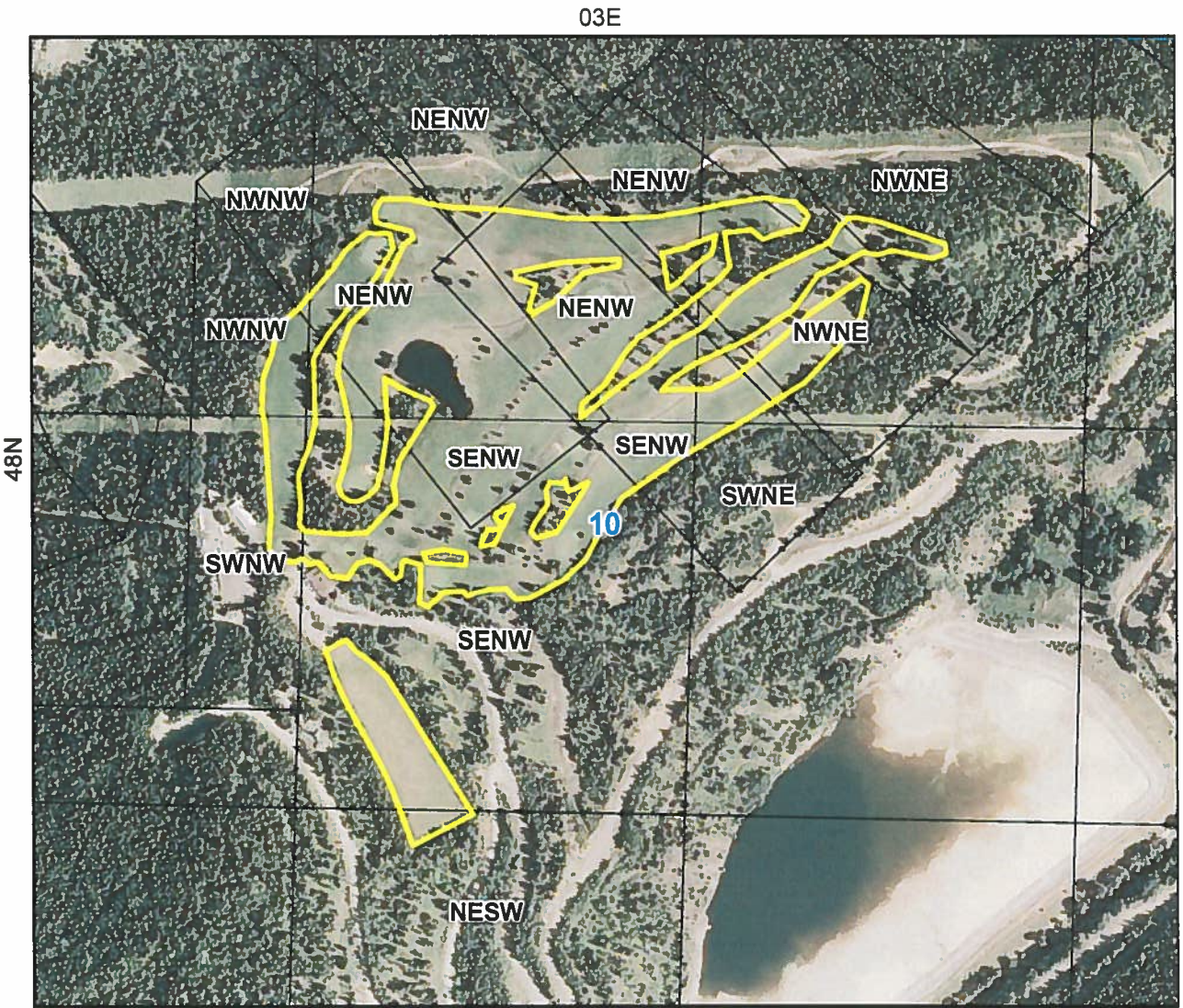
BENIFICIAL USE CLAIM FOR ADDITIONAL WATER USED or None ()

13. Remarks:

THIS HAS AN ACCOMPLISHED TRANSFER TO ADD DIVERSION TO STORAGE, STORAGE AND
IRRIGATION FROM STORAGE THAT WERE ALL PUT INTO PLACE BEFORE 1/1/2006.

Last name _____ Identification no. _____

State of Idaho
Department of Water Resources
Adjudication Claim
94-2173



-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.075 0.15 0.3 Miles

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (x) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 94-2173

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 (x) 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) _____ Date: _____

_____ Date: _____

For organizations:

I do solemnly swear or affirm under penalty of 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 Terry D. Allen Date 8-21-14

Title and organization Vice President - Spokane Golf and Tennis

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 _____ Date _____

Address _____

Last name _____ Identification no. _____