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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

CIVIL CASE NUMBER: 49576

OF RIGHTS TO THE USE OF WATER FROM

THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM

Ident. Number 95-14626

Date Received: 05-07-2015

Receipt No: N022787

Received By: dm

Amended Claim

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ROBERT K WHITE Phone: (208) 683-3802

9285 E HOWARD RD

ATHOL ID USA 83801

2. Date of Priority: 10/13/1998

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

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

5. Description of diverting works: DRILLED WELL D005441 COMPLETED 10.13.1998

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
STOCKWATER	1/1-12-12/31			.02

7. Total Quantity Appropriated is:

0.06 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 1

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Use

10. Place of use: Township Range Section 1/4 of 1/4 Lot
Acres

53N	03W	2	NW	NW	DOMESTIC
			SW	SW	DOMESTIC
			NW	SW	STOCKWATER
			SW	SW	STOCKWATER

11. Place of use in counties: KOOTENAI

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

13. Other Water Rights Used:

14. Remarks: *We have had up to 70 chickens. Total irrigated area is 1/2 acre.*

15. Basis of Claim: Beneficial Use

16. 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 ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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): *Robert H. White* Date: 5-7-15

Thomas White Date: 5-7-15

Number of attachments: _____

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For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____

_____ Date: _____

State of Idaho)

) SS.

County of _____)

Subscribed and sworn (or affirmed) before me this

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____

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The USDA-FSA Aerial Photography Field office asks to be credited in derived products.

CONTINUED

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