



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

July 10, 2013

John A. Strange
1110 E 42ND AVE
Spokane, WA 99203

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 94-8977

Dear Mr. Strange:

Idaho Department of Water Resources (IDWR) has completed initial processing of a CSRBA Claim (94-8977) submitted by Hollis J. Anderson, P.A. for the Sophia Armbruster Living Trust on Shoshone County parcel RP48N05E185550. A copy of the Claim is enclosed.

Please contact me about amending this Claim to correct the period of use (# 6 on claim form) and completing the Change of Ownership. I have enclosed an Amended Claim and Change of Ownership form with instructions for your use.

My telephone number at the IDWR Northern Region Office is (208) 762.2816.

Respectfully,

Shaun M. Maxey
Senior Water Resource Agent
Idaho Department of Water Resources, Northern Region

Enclosures

Copy of CSRBA Claim 94-8977
Amended Claim
Change of Owner form

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: _____

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

Amended Claim

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

Please type or print clearly

- Name of claimant(s) JOHN A. STRANGE Phone _____
Mailing address 1110 E 42ND AVE SPOKANE WA ZIP 99203
Street or Box City State
- Date of priority (only one (1) per claim) 12/31/1946
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water () or Other (x) (a) SPRING
which is tributary to (b) _____
- Location of point of diversion is: Township 48N, Range 5E, Section 18,
NW 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of SHOSHONE
Parcel (PIN) no. RP48N05E185550
Additional points of diversion, if any: _____
If available, GPS coordinates _____
- 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.
NATURAL SPRING GRAVITY FEED TO A HOLDING TANK BEHIND HOUSE
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 01-01 to 12-31 amount .04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 1 SINGLE FAMILY HOUSEHOLD

9. Location of place of use is: Township 48N, Range 5E, Section 18, NW 1/4 of SW 1/4, or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____

For (check one) **Domestic** (x) **Stock** () **Domestic and Stock** ()

Additional places of use, if any: T48N R5E S.18 SW SW

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.

_____ or None (x)

13. Remarks:

ATTACHMENTS SUBMITTED BY SOPHIA ARMBURSTER LIVING TRUST REMAIN APPLICABLE FOR THIS
AMENDED CLAIM. THIS AMENDED CLAIM CORRECTS PERIOD OF USE.

14. Basis of claim (check one) Beneficial Use (x) 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 (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 _____ Date _____

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 _____ Date _____

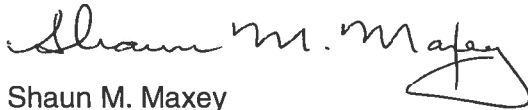
Address _____

July 10, 2013

Memorandum For Record:

SUBJECT: Coeur D'Alene Spokane River Basin Adjudication (CSRBA) claim change of owner and Amended Claim (CSRBA Claim 94-8977)

I telephoned the law office of Hollis L. Anderson, P.A. today to inquire about the lack of a reply to my June 13, 21013 letter concerning Claim 94-8977. I was told that Hollis L. Anderson, P.A. had heard back from their client (Sophia Armbruster Living Trust) and that the Trust no longer owns the property referred to in the Claim. I was also told that I can contact John A. Strange; the current property owner of the Claim Place of Use; and that Mr. Strange is not affiliated with the Trust.

A handwritten signature in cursive script that reads "Shaun M. Maxey". The signature is written in dark ink and includes a stylized, looped flourish at the end of the last name.

Shaun M. Maxey
IDWR, Northern