

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: 94-7824

Date Received: 10/26/2010

Receipt No: C092155

Received By:

AMENDED
NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

RECEIVED
MAY 21 2015
IDWR / NORTH

1. Name of Claimant(s)

DONALD W NYROP
4505 GOLF TERRACE
EDINA MN 55424

2. Date of Priority: 1/14/1992

3. Source: GROUND WATER

Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
47N	03W	6	NW SW	6	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	0.04	0
STOCKWATER	1/1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 2	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Cattle	100

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	03W	6	NW SW	6	DOMESTIC	
			SW NW	5	DOMESTIC	
					Section Acres	
Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	03W	6	NW SW	6	STOCKWATER	
			SW NW	5	STOCKWATER	
					Section Acres	

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4/3/2015

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:

Priority date description:

Description of use: Water Use

Description

DOMESTIC

Domestic, 2 households

STOCKWATER

Stockwater, 100 cows and calves

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):

Kathryn C Ngrop

Date: 5-15-15

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

