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IDWR / NORTH

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: 95-4370

Date Received: 7/30/2015

Receipt No: N022867

Received By: LW

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

LAWRENCE E BOISEN Phone: (208) 773-9537
15111 N THREE FORKS RD
HAUSER ID 83854

2. Date of Priority: 6/1/1948

3. Source: HAUSER CREEK Tributary to: HAUSER LAKE

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
52N	05W	31	SW SE		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
IRRIGATION	03/15 11/15	0.03	
STOCKWATER	01/01 12/31	0.03	

7. Total Quantity Appropriated is: 0.06 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	100

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	05W	31	SW SE		IRRIGATION	1
					Section Acres	1
Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	05W	31	SW SE		STOCKWATER	
					Section Acres	

Total Acres 1

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use

Description

IRRIGATION

STOCKWATER

60 HEAD LIVESTOCK

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 ____ 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): X Lianne Berger Date: 7-30-15

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of Organization

That I have signed the foregoing document in the space below as

Title of 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