

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

RECEIVED

AUG 27 2015

IDWR NORTH
CASE NUMBER: 49576

Ident. Number 94-7642
Date Received: 7/6/2010
Receipt No: NO25121
Received By: *lls*

B

AMENDED

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

1. Name of Claimant(s)

FLOYD KLEIN Phone: (208)689-3431
14683 S KLEINS MEDICINE TRAIL
MEDIMONT ID USA 83842

OR

BEVERLY KLEIN Phone: (208)689-3431
14683 S KLEINS MEDICINE TRAIL
MEDIMONT ID USA 83842

2. Date of Priority: 12/31/1895 *Feb. 1, 1890*

3. Source: MEDICINE LAKE Trib. to: COEUR D'ALENE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
48N	02W	27	SW SE 5	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.03	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:

0.07 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses: *35 head cattle*

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
48N	02W	27	~~SE SW~~	~~DOMESTIC~~	
			~~SW SE 5~~	~~DOMESTIC~~	
			~~SE SW~~	~~STOCKWATER~~	
			~~SW SE 5~~	~~STOCKWATER~~	
48N	02W	34	~~NE NW 1~~	~~STOCKWATER~~	
			~~NW NW 2~~	~~STOCKWATER~~	
			~~NE NW 1~~	~~DOMESTIC~~	
			~~NW NW 2~~	~~DOMESTIC~~	

RECEIVED
AUG 27 2015
IDWR / NORTH

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: NONE

14. Remarks:

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):

Beverly Klein
Beverly Klein

Date: 7/6/10

Date: 8/27/15