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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
ID Number: 94-7503
Date Received: 9-4-15
Receipt No: N020329 & N020614
Amount: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) GERALD P FORD Phone (208)689-3678
Mailing address 23439 S MEDIMONT RD MEDIMONT ID 83842
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 09/19/1953
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) MEDICINE LAKE
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 48N, Range 02W, Section 33,
NE 1/4 of NE 1/4, or Govt. Lot _____, B.M., County of KOOTENAI
Parcel (PIN) no. 48N02W330400
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
PIPE INTO LAKE CONNECTED TO PUMP IN ORDER TO WATER LAWN

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6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For IRRIGATION purposes from 03/15 to 10/31 amount 0.05 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) 0.05 (cfs) and/or (b) (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.):

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	02W	33	1																1
			Lt 1																

Parcel (PIN) no(s). 48N02W330400

Total number of acres irrigated 1

10. In which county(ies) are lands listed above as place of use located? KOOTENAI

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:

THE WATER IS USED FOR WATERING ABOUT AN ACRE OF LAWN. THE PIPE LINE GOES UNDER MEDIMONT RD FOR WHICH I HAVE AN EASMENT.

Last name Identification no.

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An aerial photograph of a rural property. A blue boundary line outlines a large area. Inside this area, there is a smaller brown-outlined area containing a white building. The property is surrounded by green fields and trees. A road is visible on the right side. Various labels are overlaid on the image: 'PIN: 48N02W330400' with a white arrow pointing to the boundary line, '48N02W' in red, 'NENE 1', 'NENE', 'SWNE 3', 'SENE 4', 'SENE', 'NWNE', '94', and '33'. A north arrow is in the top right corner. The text 'The USDA-FSA Aerial Photography Field office asks to be credited in derived products.' is at the bottom.

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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) Gerald P. [Signature] Date: 9-1-15

Date: _____

For organizations:

I do solemnly swear or affirm under penalty of 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 _____

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 _____

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Last name _____ Identification no. _____