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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: 94-7330

Date Received: ~~6/16/2015~~ 9-11-2015

Receipt No: N024956

Received By: LW

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

1. Name of Claimant(s)

GARY D MITCHELL Phone (208)689-3174

30808 S HWY 3

MEDIMONT ID 83842

PATRICIA L MITCHELL Phone (208) 689-3174

30808 S HWY 3

MEDIMONT ID 83842

2. Date of Priority: 7/18/1990

3. Source: EVANS CREEK Tributary to: MEDICINE LAKE

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
47N	02W	3	SE NW		KOOTENAI	

5. Description of diverting works:

6: Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
IRRIGATION	3 /15 11/15	0.03	3

7. Total Quantity Appropriated is: 0.03 C.F.S. and/or 3 A.F.A

8. Non-irrigation uses:

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
47N	02W	3	SW NW		IRRIGATION	1
Section Acres						1
Total Acres						1

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:

94-7330

9/2/2015

Priority date description: This is the date on my Water Right License

Description of use: Water Use

Description

IRRIGATION

Yard water

14. Basis of Claim: License

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):

Patricia L. Mitchell Date: 9-8-15
Patty D. Mitchell Date: 9-8-15

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