



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

September 18, 2015

JAMES STRIKER
PO BOX 768
WALLACE ID 83873

SUBJECT: Notice of Error Reply on Notice of Claim to a Water Right Number 94-8927

RESPONSE DUE DATE:
OCTOBER 5, 2015

Dear Mr. Striker:

I'm writing in regard to the Notice of Error referenced above in which you stated that the parcel number for the place of use should be RP48N04E147666 rather than RP48N04E147300 and RP48N04E147460.

Enclosed is a copy of the claim, as originally filed, indicating that the well is located and used at parcel number RP48N04E147300A. I've enclosed a map showing the locations of these parcels, and a copy of the Notice of Error reply.

Please show on this map where the well is located and where the domestic usage occurs. If there is a change in parcel number from that listed on the claim form, please line out and fill in the correct parcel number. Be sure to initial and date each change.

Please return this information, to my attention, by the response date listed above so we may continue the processing of your claim in a timely manner.

Sincerely,

Linda A. Werner
Water Resource Agent, Sr.

Enclosures

11/

COPY

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 94-8927

Date Received: 12-8-11

Receipt No: A028769A

Received By: em

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

RECEIVED

DEC - 8 2011

IDWR/NORTHERN

1. Name of Claimant(s) James D. Stuckey Phone (208) 752-5171

Mailing Address PO Box 768 Malheur Id. Zip 83223
Street or Box City State

2. Date of Priority: (Only one per claim) 1956
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) well
which is tributary to (b)

4. Location of Point of Diversion is: Township 58N Range 4E Section 14

NE 1/4 of SE 1/4, or Govt. Lot BM. County of Malheur

Parcel (PIN) no. RP48N04E147300A

Additional points of diversion if any:

If available, GPS coordinates:

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

Well At Our home, sixteen feet deep

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For (domestic) purposes from 11/1 to 11/31 amount 0.04 cfs () or AFY ()
For purposes from to amount

7. Total Quantity claimed 0.04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) NONE

9. Location of Place of Use is: Township 48 N, Range 4 E, Section 14,
NE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RP 48 N 04 E 14 7300 A
If different than shown in Item 4
 for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the 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 (☒)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (☒) 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 (☒) 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) James D. Stille Date: 10/09-2011
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of 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 _____

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 _____

Last Name _____ Identification No. 604117
DEC-10-11

RECEIVED

AUG 17 2015

IDWR / NORTH

NOTICE OF ERROR
REPLY

COPY

07/07/2015

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: September 30, 2015

Water right number: 94-8927

JAMES D STRIKER

PO BOX 768

WALLACE ID 83873

Telephone Number: (208) 752-5171

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

Place of use Parcel number

2. Describe the changes you wish to make in the proposed recommendation:

PIN should be: RP48N04E147666

(Remove: RP48N04E147300 & RP48N04E147460)

3. Give a brief explanation as to why you disagree with these portions:

I AGREE with this proposed recommendation: no changes need to be made.

DATE: 8-17-15

SIGNATURE:

James D Striker

Please print your name:

JAMES D STRIKER

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, (208) 762-2800

SCANNED
AUG 13 2015

