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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: 94-8773

Date Received: ~~11/24/2014~~ 9-29-2015

Receipt No: N028609

Received By:

LW

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

JAMES D STRIKER

Phone: (208) 752-5171

PO BOX 768

WALLACE ID 83873

2. Date of Priority: 5/1/1938

3. Source: SPRING

Tributary to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	04E	14	SE NW		SHOSHONE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	04E	14	NE SE		DOMESTIC	
Section Acres						
Total Acres						

10. Place of use in counties: SHOSHONE

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: WATER RIGHT DEVELOPER LEWIS FOUCHT.

Description of use: Water Use

Description

DOMESTIC

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): James D. Steiker Date: 9-29-15

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

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