



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • FAX: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

November 3, 2015

MARK WARR
2197 W BOONE N CROCKETT LN
COEUR D ALENE ID 83814

RE: Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) claim renumbered from 95-17084

Dear Mr. Warr:

Because of a technical issue in assigning claim numbers within the Idaho Department of Water Resources' (IDWR) online claim filing process, the identification number of your CSRBA Notice of Claim to a Water Right has been changed from 95-17084 to 95-17109. Nothing else on your Notice of Claim to a Water Right has been changed. Please use the new number in future inquiries or correspondence you may have with IDWR. We will report claim 95-17109 to the CSRBA Court in a future Director's Report.

I have enclosed a copy of your Notice of Claim which you may retain for your records.

Please do not hesitate to contact me if you have any questions or concerns. My phone number is (208) 287-4917 and my email address is Carter.Fritschle@idwr.idaho.gov

Sincerely,

Carter Fritschle
Adjudication Section Manager
Idaho Department of Water Resources

Enclosure:

Copy of Notice of Claim to a Water Right renumbered to 95-17109

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: 95-17109

Date Received: 9/16/2015

Receipt No: T101031

Received By:

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

1. Name of Claimant(s)

MARK WARR Phone:(805) 559-1892
2197 W BOONE N CROCKETT LN
COEUR D ALENE ID 83814

2. Date of Priority: 8/17/2015

3. Source: GROUND WATER Tributary to:

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>
49N	04W	2	NW NE	2	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>
DOMESTIC	01/01 12/31	0.01	

7. Total Quantity Appropriated is: 0.01 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
--------------------	------------------	----------------------	------------------------

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>
49N	04W	2	NW NE	2	DOMESTIC	
			NE NE	1	DOMESTIC	
Section Acres						
Total Acres						

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:

95-17109

11/3/2015

COPY
FOR YOUR FILES

Priority date description: We are in the process of building a single family dwelling and are using the well at this time starting with excavation to the use of water domestically.

Description of use: Water Use

Description

DOMESTIC

Household water purposes and gardening purposes.

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): _____ Date: _____
_____ Date: _____

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