



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho
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Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

November 9, 2015

JUSTIN CUSTIS
SHOSHONE MEDICAL CENTER
25 JACOBS GULCH
KELLOGG ID 83837

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 94-8407

Dear Mr. Custis:

Enclosed is an amended Notice of Claim to a Water Right representing my field inspection findings from November 3, 2015. Also enclosed is a map showing the location of the water usage and a map showing the point of diversion and storage pond.

Please review this information and if you are in agreement, date and sign under item 15, for organizations. Feel free to make any changes where necessary.

Please return this information as soon as possible. Be sure to contact me if you have any questions or concerns. I can be reached at (208) 762-2802 or by email at linda.werner@idwr.idaho.gov.

Sincerely,

Linda A. Werner
Sr. Water Resource Agent

Enclosure: Amended Notice of Claim to a Water Right Number 94-8407
Maps (2)

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: 94-8407

Date Received: ~~9/27/2011~~

Receipt No: T094060

Received By:

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

1. Name of Claimant(s)

WEST SHOSHONE HOSPITAL Phone: (208) 784-1221
DISTRICT #1
25 JACOBS GULCH RD
KELLOGG ID 83837

2. Date of Priority: 1/9/1964

3. Source: JACKASS CREEK Tributary to: SOUTH FORK COEUR D ALENE RIVER

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	03E	30	SW SE	6	SHOSHONE	

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>
INDUSTRIAL	01/01 12/31	0.01	
INDUSTRIAL FROM STORAGE	01/01 12/31	0.01	
INDUSTRIAL STORAGE	01/01 12/31		1
IRRIGATION	04/01 10/31	0.07	
IRRIGATION FROM STORAGE	04/01 10/31	0.07	
IRRIGATION STORAGE	04/01 10/31		1

7. Total Quantity Appropriated is: 0.08 C.F.S. and/or 1 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>
49N	03E	30	SW SE	6	IRRIGATION STORAGE	
					Section Acres	

<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	03E	30	SW SE	6	INDUSTRIAL STORAGE	
					Section Acres	

<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	03E	31	NE SW		IRRIGATION FROM STORAGE	0.5
			SW SW	4	IRRIGATION FROM STORAGE	0.5
			SE SW	5	IRRIGATION FROM STORAGE	1.5
					Section Acres	2.5

<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	03E	31	NE SW		IRRIGATION	0.5
			SW SW	4	IRRIGATION	0.5
			SE SW	5	IRRIGATION	1.5
					Section Acres	2.5

<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	03E	31	NE SW		INDUSTRIAL FROM STORAGE	
					Section Acres	

<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	03E	31	NE SW		INDUSTRIAL	
					Section Acres	

Total Acres 2.5

10. Place of use in counties: SHOSHONE

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

INDUSTRIAL

INDUSTRIAL FROM STORAGE

INDUSTRIAL STORAGE

IRRIGATION

IRRIGATION FROM STORAGE

IRRIGATION STORAGE

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

94-8407, SHOSHONE MEDICAL CENTER



