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FEB 29 2016

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: 95-16203

Date Received: 2/29/2016

Receipt No: N024942

Received By: L.W.

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

GALE BRIGGS Phone: (208) 819-6130
5776 ELK DR
HARRISON ID 83833

2. Date of Priority: ~~7/6/1954~~ 8-26-1950

3. Source: UNNAMED STREAM Tributary to: CARLIN CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	03W	4	NE NE	1	KOOTENAI	Beginning Point
48N	03W	4	NE NE	1	KOOTENAI	Ending Point

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
STOCKWATER	1 /1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-Irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	25

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	03W	4	NE NE	1	STOCKWATER	
						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:

95-16203

2/29/2016

13. Remarks:

Priority date description:

Description of use: Water Use

Description

STOCKWATER

Instream stockwater

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): X Dale Brizga Date: 2-29-2016
_____ 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