

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

AMENDED

CIVIL CASE NUMBER: 49576

Ident. Number 95-15485Date Received: 10-6-10Receipt No: N 026012Received By: law

RECEIVED

OCT - 6 2010

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

IDWR/NORTHERN

1. Name of Claimant(s) STEVE B GEYER Phone 208 691-7841Mailing Address 9351 S. GOZZER RD HARRISON ID Zip 83833
Street or Box City State2. Date of Priority: (Only one per claim) 1946
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (☒) (a) SPRING 1
which is tributary to (b) UNNAMED STREAM4. Location of Point of Diversion is: Township 49N, Range 03W, Section 09
SW 1/4 of SW 1/4, or Govt. Lot 08 BM. County of KOOTENAIParcel (PIN) no. 49N03W-09-6200Additional points of diversion if any: DA T49N 03W S.9 SW SW (2)If available, GPS coordinates: NA (PIN 49N03W-09-6400) (SPRING)
SINKS

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.

1 DEVELOPED SPRING - WITH GALVANIZED CULVERT IN GROUND
PERFORATED PIPES FILL THE CULVERT. CONCRETE CAP. SERVES ONE HOME.

2 (UNDEVELOPED SPRING)

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

For DOMESTIC purposes from 1-1 to 12-31 amount .04
Month/Day Month/Day cfs () or AFY ()For STOCK WATER purposes from 1-1 to 12-31 amount .027. Total Quantity claimed .06 cfs (☒) or AFY ()

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

Stockwater and Number of livestock) 1 HOME 50 HEAD MIXED STOCKS

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9. Location of Place of Use is: Township 49N, Range 03W, Section 09,
SW 1/4 of SW 1/4, Govt. Lot 08 BM. Parcel (PIN) no. 49N03W-09-6400
If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock (☒)

Additional places of use, if any PIN (49N03W-09-6200) (49N03W-09-6250)

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

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.

X Number of attachments: 1

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) Steve B. Hagan Date: 10-04-10

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. _____

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