

RECEIVED
AUG 18 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

ID Number: 95-4637Date Received: 8/18/16Receipt No: N023306A

Amount: _____ By: _____

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

Please type or print clearly

- Name of claimant(s) MILLWOOD COMMUNITY PRESBYTERIAN CHURCH Phone (509) 924-2350
Mailing address 3223 N MARGUERITE RD SPOKANE WA ZIP 99212-2151
Street or Box City State
- Date of priority (only one (1) per claim) 1948
Month Day Year (yyyy)
- Source of water supply (check one) Ground Water () or Other (x) (a) SPOKANE RIVER
which is tributary to (b) COLUMBIA RIVER
- a. Location of point of diversion is: Township 50N, Range 05W, Section 11,
SE 1/4 of NE 1/4, or Govt. Lot 3, B.M., County of KOOTENAI
Parcel (PIN) no. 50N05W110700
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
- Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
PUMP DRAWS WATER FROM SPOKANE RIVER ALONG LOT 3 AND IS USED TO IRRIGATE PICNIC
GROUNDS AND PLAYFIELD WITH SPRINKLER SYSTEM.

SCANNED
AUG 18 2016

AUG 18 2016

IDWR / NORTH

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For IRRIGATION purposes from 03/15 to 11/15 amount 0.06 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) 0.06 (cfs) and/or (b) (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.):

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
50N	05W	11			Lot3	Lot3													2.5
					0.6	1.9													

Parcel (PIN) no(s). 50N05W110700

Total number of acres irrigated 2.5

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 (x) No ()

If your 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.

95-4638 DOMESTIC USE FROM A WELL or None ()

13. Remarks:

Last name Identification no.

SCANNED

AUG 18 2016

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM 95-4637

AUG 18 2016



The USCA-FSA Aerial Photography Field office asks to be credited in derived products.

SCANNED

AUG 18 2016

RECEIVED
AUG 18 2016
IDWR / NORTH

14. Basis of claim (check one) Beneficial Use (x) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-4637

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 (x) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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) _____ Date: _____

_____ Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

President of Post Falls Conference Grounds +
Title Organization

that I have signed the foregoing document in the space below as

President of Post Falls Conference Grounds +
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent [Signature] Date 8/16/16

Title and organization Rev. J. Craig Goodwin, President PFCG + MCPC

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. _____

SCANNED
AUG 18 2016