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SEP 21 2016

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: 95-15327

Date Received: 8/23/2014

Receipt No: N027767

Received By: LW

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

EDWIN J STEGORA Phone: (208) 683-6771

1287 SUNSET RD

ATHOL ID 83801

LESLIE J STEGORA Phone: (208) 683-6771

1287 SUNSET RD

ATHOL ID 83801

2. Date of Priority: ~~5/30/1998~~

5-20-1989

3. Source: GROUND WATER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
54N	02W	20	SW SE NW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1/1 12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
54N	02W	20	SW NW		DOMESTIC	
			SE NW		DOMESTIC	

Section Acres

Total Acres

10. Place of use in counties: BONNER

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

95-15327

9/21/2016

12. Other Water Rights Used:

13. Remarks:

Priority date description: DUG HAND DUG WELL 10FT DEEP IN SEPTEMBER OF 1998
THE SAME YEAR THE SHOP WAS BUILT WHERE WE LIVED
UNTIL THE HOUSE WAS COMPLETED.

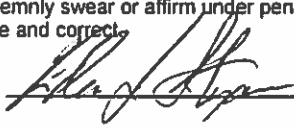
Description of use: Water Use Description
DOMESTIC

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: 9-21-16

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of _____
Organization

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

Title of _____
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

