

OCT 24 2016

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, **DEPARTMENT OF WATER RESOURCES**
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: 95-14886
Date Received: 3/7/2011
Receipt No: N026681
Amount Paid: \$25.00
Received By: _____

AMENDED

**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**

AMENDED

1. Name of Claimant(s)

CARMEN LORENZ

Phone: (208) 245-4644

PO BOX 256

406 POSCHS HILL

SANTA ID 83866-0256

~~SAINT MARIES ID 83861~~

OR

STEVE LORENZ

Phone: (208) 245-4644

PO BOX 256

406 POSCHS HILL

SANTA ID 83866-0256

~~SAINT MARIES ID 83861~~

2. Date of Priority: 9/19/1979

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
46N	03W	28	SE SW		BENEWAH	
46N	03W	28	SE SW		BENEWAH	

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		
STOCKWATER	1 / 1	12/31	0.02		

7. Total Quantity Appropriated is:

0.06 ~~0.02~~ C.F.S. and/or A.F.A.

8. Non-irrigation uses:

2 HORSES

9. Place of use:

DOMESTIC within BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
46N	03W	28	SE		SW		

STOCKWATER within BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
46N	03W	28	SE		SW		

10. Do you own the property listed above as place of use? ~~NO~~ YES - SEC

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

95-15885

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. 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 x do not _____ 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): Steve Long Date: 10-07-16

Carmen Long Date: 10-07-16