

COPY

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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 95-16027Date Received: 5-26-10Receipt No: NO24523Received By: CL

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MAY 26 2010

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

IDWR/NORTHERN

1. Name of Claimant(s) C. Ford William Lenz and Darlene Ardis Lenz family trust Phone (208) 768-5233

Mailing Address 424 Lenzford CL Id Zip 83815
Street or Box City State

2. Date of Priority: (Only one per claim) 1972
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (x) (a) Unnamed streams
which is tributary to (b) Wolf Lodge creek

4. Location of Point of Diversion is: Township 50 N, Range 02 W, Section 33,
1/4 of 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. -4900Additional points of diversion if any: Instream Beginning and Ending points see map

If available, GPS coordinates: _____

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.

Instream stock water

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

For Stock water purposes from 1/1 to 12/31 amount .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (X) or AFY ()

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

Stockwater and Number of livestock) 20

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9. Location of Place of Use is: Township 50N, Range 02W, Section 33

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Same

for (Check One) Domestic () Stock (X) Domestic and Stock () If different than shown in Item 4

Additional places of use, if any _____

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 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 (X)

13. Remarks:

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 _____

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) Bob Lenz Date: 5-26-10

Date: _____

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

Trustee Title of Cittford and Darlene Lenz Family Trust Organization

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

Trustee Title of Cittford and Darlene Lenz Family Trust Organization

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

Signature of Authorized Agent Bob Lenz Date 11-17-16

Title and Organization Family trust trustee

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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