

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 95-9821

Date Received: 7/2/2009

Receipt No: 0021125

Received By: Am

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) GARY G. AND OR JANET L SYLVE Phone (209) 683-2554

Mailing Address E 11508 Nunn Rd ATHOL ID ZIP 83801
Street or Box City State

2. Date of Priority (Only one (1) per claim) JUNE 30 1977
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other () (a) UNNAMED STREAM
which is tributary to (b) SAGE CREEK

4. a. Location of Point of Diversion is: Township 53 N, Range 02 W, Section 31,

^{SW} GL2, 1/4 of ^{SW} GL4, 1/4 Govt. Lot 4, BM., County of KOOTENAI

Parcel (PIN) no. 53 N 02 W 31 - 3200

Additional points of diversion if any: NA T53N R02W S31 SW NW (GL2)

If available, GPS Coordinates NA

b. If instream flow, beginning point of claimed instream flow is:

Township 53 ^{CS}, Range 2W ^{CS}, Section 31 ^{CS}, GL4, 1/4 of GL2, 1/4

Govt. Lot 2 AND 4, BM., County of KOOTENAI

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. 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.

2" PIPE FROM UNNAMED STREAM, START ON MY PROPERTY AND END IN SAGE CREEK ON ARE PROPERTY

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

CS (cfs)

(acre feet)

For DOMESTIC purposes from 1-1 to 12/31 amount 1.04 or 1.2

For 1 UNIT STOCKWATER purposes from JANUARY to Dec 31 amount 0.2 or 1.7 Acre Feet

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.06 CFS (cfs) and/or (b) 1.9 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 25-50 HEAD MIXED STOCK

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 (example: 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	
53N	2W	31			A	CS			D										CS
									LZ										?
53N	2W	31							S				S						
									LZ				L4						

Parcel (PIN) no(s) 53 02W Sec 31-3200 Total number of acres irrigated —

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 (X)
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.

_____ or None (X)

13. Remarks: ERRY on original Tr
96-7571 had incorrect POW in
gl lot #4 T 53N 02W Sec 31.
Pool is located in gl #4.

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Last Name

Elay S. Syth

Identification No.

JUL - 2 2009

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 95-9821

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.

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) *James J. Syete* Date: _____
_____ Date: _____

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 _____

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Last Name _____ Identification No. _____

53N02W-31-3200

GOVT LOT 1

GOVT LOT 2

GOVT LOT 3

GOVT LOT 4

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FEB 27 2017