

RECEIVED

JUL 21 2017

DEPARTMENT OF
WATER RESOURCES

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: 95-8812
Date Received: 3/20/2013
Receipt No: T096837
Claim Fee:
Received By: _____

AMENDED

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

SHANNON D HORN
285 S SIMONSEN RD
POST FALLS ID 83854

Phone: 2087735062

LAURA L HORN
285 S SIMONSEN RD
POST FALLS ID 83854

Phone: 2087735062

2. Date of Priority: 5/18/1993 ^{LH} 3/27/2003

3. Source:

SPOKANE RIVER

Trib. to:

COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	10	NW NE	3	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	3 /15	11/15	0.02		3

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 3 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	10	NW		NE	3	1

Total Acres = 1

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

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

11. Other Water Rights Used:

12. Remarks and Priority Date Explanation:

This is the date we purchased the property from the previous owners.

13. Basis of Claim: License

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 _____ 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): Shannon Horn Date: 7/16/17
Laura Horn Date: 7/16/17