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02/09/2018

MAR 07 2018

IDWR

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-11848

DANIEL F MORINE Jr

16910 TREE TOP CT

RATHDRUM ID 83858

Telephone Number: 2086871107

16910 N. Tree top Ct.

DONNA L MORINE

16910 TREE TOP CT

RATHDRUM ID 83858

Telephone Number: 2086871107

16910 N. Tree top CT.

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

update address

2. Describe the changes you wish to make in the proposed recommendation:

add stock water

3. Give a brief explanation as to why you disagree with these portions:

☐ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 3-7-18

SIGNATURE:

Donna L Morine

Please print your name:

Donna L. Morine

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800

16910 N. Tree top Ct.

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 _____

Date Received: 7/2/9

Receipt No: 1081131

Received By: 165

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

1. Name of Claimant(s) Daniel F. Morine Jr and/or Phone 208 687-1107
Donna L Morine

Mailing Address 16910 Tree top Ct. Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) March 15, 1998
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 52N, Range 4W BM, Section 28,
SE² 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. -4750

Additional points of diversion if any: _____

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.

well with pump

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

For domestic purposes from Jan. 1 to Dec 31 amount .04 cfs () or AFY ()

Added For stock water purposes from 1/1/ to Dec 31 amount .02

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

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

Stockwater and Number of livestock) _____

9. Location of Place of Use is: Township 52N, Range 4W, Section 28,
SE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. -4700

for (Check One) **Domestic** (☒) **Stock** (☐) **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 (☒) 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 (☐)

13. Remarks:

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 _____

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: _____

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) Donna R Morine Date: 7-02-21

Donna R Morine Date: 3-07-21

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____