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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: 95-4706

Date Received: ~~6/4/2018~~ 6-4-2018

Receipt No: T097395

Received By:

AMENDED
NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

CHRIS VARELA Phone: (208) 929-2507

5803 WEST RIVERVIEW DR

COEUR D ALENE ID 83814

~~SHANNON ANDERSON VARELA~~ Phone: (208) 929-2507
~~VARELA~~

5803 WEST RIVERVIEW DR

COEUR D ALENE ID 83814

2. Date of Priority: 1/1/1961

3. Source: ~~SPRING~~ WELL Tributary to: SPOKANE RIVER

4. Point of Diversion:

CIV. 6/4/2018

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
50N	04W	9	SW SW		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	0.2	0

7. Total Quantity Appropriated is: 0.2 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	04W	9	SW SW		IRRIGATION	10
Section Acres						10
Total Acres						10

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

13. Remarks:

95-4706

7/9/2013

SCANNED
APR 19 2017

Priority date description: date used by original applicant. Dahlberg owner used this spring while dairy farming this land in 1961. Chris Varela

Description of use: Water Use
IRRIGATION

Description

spring water to be used for irrigation of grass pastures.

14. Basis of Claim: Statutory Claim

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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 _____

Please print name