

RECEIVED
JUL 06 2018
IDWR / NORTH

RECEIVED
MAR 16 2018
IDWR / NORTH

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: 95-11309

Date Received: 10/7/2009

Receipt No: T089443

Received By:

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

1. Name of Claimant(s)

BYRON RHOADES
N 10715 PAYMENT PEAK ROAD
HAUSER ID 83854

JOAN RHOADES Phone:(208) 773-5017
N 10715 PAYMENT PEAK ROAD
HAUSER ID 83854

2. Date of Priority: 10/12/1994

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
51N	05W	17	~~SW~~ SW		KOOTENAI	

5. Description of diverting works:

NW BR-3-16-18

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	4/15	10/10	0.08	0

7. Total Quantity Appropriated is: 0.08 C.F.S. and/or 0 A.F.A.

1-1-12-31 ETC. 3/16/18

8. Non-irrigation uses:

Number of Homes: 2

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
51N	05W	17	~~SW~~ SW		DOMESTIC	

NW BR-3-16-18

Section Acres

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:

95-11309

11/16/2009

SCANNED
MAR 20 2018

Priority date description: THIS IS WHEN THE ELECTRICIAN WIRED UP THE PUMP TO THE PANEL.

Description of use: Water Use

Description

DOMESTIC

One well to supply parcels 51N05W176220 AND 51N05W176200 (FUTURE 2ND HOME. WELL TEST YIELDED 50 GPM PLUS. I OWN BOTH PARCELS.

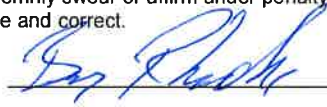
14. Basis of Claim: Beneficial Use

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:

7-6-2018

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