

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 49576

NUMBER:

Ident. 95-17613

Number:

Date 8-13-2018

Received:

Receipt No.: N033674

\$25.00

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LINDA TOMBLIN	11310 N GOVERNMENT WAY	HAYDEN	ID	USA	83835

Bruce Tomblin, 11310 N. Government Way, Hayden, ID 83835 and

2. Date of Priority:

Date	Explanation
5/9/2013	Date purchased and started using the well on this parcel

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03W	31		NW	NE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	standard residential, greenhouses and orchard no more than 0.5 acre of irrigation

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.050	0.00	0.0

Totals:

CFS AF KW

0.050 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	03W	31	NW		KOOTENAI	-	-
DOMESTIC	52N	03W	31	NW	NE	KOOTENAI	-	-

9. Basis of Claim:

Basis

Beneficial Use

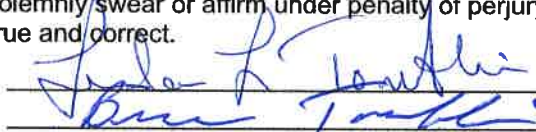
10. Signature(s):

(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):



Date:

8/9/18

Date:

8/9/18

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 _____

Please print name