

RECEIVED

OCT 24 2018

10/05/2018

IDWR/NORTH

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: November 16, 2018

Water right number: 95-14985

STAN BYE

8152 W BEN POINTE RD

WORLEY ID 83876

Telephone Number: ~~2086645689~~ 480-231-0433

SHERRY BYE

8152 W BEN POINTE RD

WORLEY ID 83876

Telephone Number: ~~2086645689~~ 480-231-0433

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

Parcel #

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

POD Parcel number is not the same as POA Parcel number.

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

Change to legal names

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

DATE: 10/24/2018 SIGNATURE: Stan Bye

Please print your name: STAN BYE

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

Drilling Permit # 7/17/1992
92-92-N-130IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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: 8/29/10

Receipt No: 0025773

Received By: JLV

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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

IDWR/NORTH

Stanley R. Bye and/or
Sharon F. Bye1. Name of Claimant(s) STAN + SHERY BYE Phone (208) 664-5689Mailing Address 8152 W BREN POINTE Rd Moreley ID. Zip 83876
Street or Box City State2. Date of Priority: (Only one per claim) 07/23/1992
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 48N04W192200*
48N04W192400 Range 48 Section 19
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai
Parcel (PIN) no. 164988 & 164987

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.

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

For IRRIGATION LAWN + GARAGE purposes from YEAR 12/1 to YEAR 12/1 amount 25 cfs () or AFY ()
For Domestic purposes from JAN 1 to DEC 31 amount .04 CFS7. 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) 1 Household Irrigation
of lawn + gardens
No Livestock

9. Location of Place of Use is: Township 48N, Range 4W, Section 19,
SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) Domestic ☒ Stock () Domestic and Stock ()

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.

Stanley R. Bye Signature of Claimant (s) Sharon F. Bye Date: 8/24/2010
Sharon F. Bye Stanley R. Bye Date: 8/24/2010

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. _____