

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

Claim ID: 95-16503

Date Received: _____

Receipt No: NA 9999999

Claim Fee: NA By: _____

RECEIVED

DEC 03 2018

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

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) MICHAEL STRONG Phone (509) 927-3056
Mailing address 14626 E BREVIER RD SPOKANE WA Zip 99217
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) 6/1/1950 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) UNNAMED STREAM
which is tributary to (b) TWIN LAKES
4. a. Location of point of diversion is: Township 52N, Range 04W, Section 17,
NW 1/4 of NW 1/4, Govt. Lot 3, BM, County of KOOTENAI
Parcel no. 52N04W173150
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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 purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.13 or 36.0
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.13 (cfs) and/or (b) 36.0 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) DOMESTIC USE FOR 39 HOMES, EXTERNAL USE ONLY

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
b. If water is for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
52N	04W	17		D				D											
52N	04W	17		D															

Parcel no(s). SEE ATTACHED MAP Total number of acres irrigated _____

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 your 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 (Include an explanation of the priority date selected):

FILING ON BEHALF OF ALL WATER USERS.

THIS CLAIM IS BEING AMENDED TO FULL EXTENT OF THE DECREED RIGHT UNDER WATER RIGHT

NUMBER 95-4257.

EXTERNAL USE ONLY

Name of claimant(s) MICHAEL STRONG Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



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 95-4257

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 Water System 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) Michael Strong Date: 12.3.2018

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) of _____
Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____ Date _____

Address _____

Name of claimant(s) MICHAEL STRONG Claim ID _____