

JAN 14 2019

DEPARTMENT OF
WATER RESOURCES

**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: 91-7257
Date Received:
Receipt No: C092302
Claim Fee:
Received By: _____

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

1. Name of Claimant(s)

MICHAEL SUENKEL
8838 RAILROAD GRADE RD
SAINT MARIES ID 83861

Phone: (208) 245-6588

KATHLEEN SUENKEL
8838 RAILROAD GRADE RD
SAINT MARIES ID 83861

Phone: (208) 245-6588

2. Date of Priority: 6/30/1988

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
46N	01E	19	SW NE		BENEWAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 /1	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S.

8. Non-irrigation uses:

1 home

9. Place of use:

DOMESTIC within BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
46N	01E	19	SW		NE		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. 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): Michael Sewald Date: 1-10-18
Kathleen M Siewald Date: 1-10-2019