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Claim Number: 87-11754
Claim Fee: \$25.00
Claimant(s): PHIL OR HEATHER RHEINGANS
PO BOX 8986
MOSCOW , ID
83843
Claimed Purpose(s) of Use: DOMESTIC

RECEIVED

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9/6/19

\$25.00

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Office address and phone number:

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
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