



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

January 15, 2020

GARY SPACKMAN
Director

JOHN MADDEN
THERESA GREINER
1001 FIDDLERS RIDGE LOOP
POTLATCH ID 83855

SUBJECT: Palouse River Basin Adjudication (PRBA) Notice of Claim to a Water Right Number 87-10485 & 87-10757

Dear Mr. Madden and Ms. Greiner:

In regard to our phone conversation of Tuesday, January 14, 2020, enclosed are the following:

Amended Claim 87-10485

This claim has been amended to show two points of diversion (wells) which are being used for domestic purposes at the home, with priority date of 1925. Please complete item 5 - description of diverting works, review the claim for accuracy and sign under item 15. I've also enclosed a map showing the well locations and the home location. If these locations are inaccurate, please label the map with the correct locations.

Amended Claim 87-10757

This is the claim which was filed with the priority date of 1996 for domestic purposes for the unbuilt home. I have amended the claim to reflect the water usage at the retail shop and greenhouses, with limitation of 2500 gallons per day. Please note that I have amended the priority date to December 31, 1998, based on parcel information we received from the assessor's office. Would you also complete item 5 and re-sign the claim? I've included a separate map for this usage and ask that you also review it for accuracy; making any necessary changes, plus would you circle the place of use for the shop and greenhouses?

For both claims - if there is any information which is incorrect, simply cross out the incorrect data and write in the corrected information. Initial and date any changes that you make.

Please return this information, to my attention, by **February 15, 2020**, as this will allow us to complete your claim recommendation in a timely manner. Be sure to contact me if you have any questions. I can be reached at (208) 762-2800 or by email at linda.werner@idwr.idaho.gov.

Sincerely,

A handwritten signature in black ink that reads "Linda A. Werner". The signature is written in a cursive, flowing style.

Linda A. Werner
Senior Water Resource Agent

Enclosures: Amended Claims 87-10485, 87-10757 and 2 Maps

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-10757

Date Received: _____

Receipt No: _____

Claim Fee: _____ 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

Please type or print clearly

1. Name of claimant(s) JOHN MADDEN AND/OR THERESA GREINER Phone (208) 875-1003

Mailing address 1001 FIDDLER'S RIDGE LOOP POTLATCH ID Zip 83855
Street or Box City State

Email address (optional) frfpotlatch@gmail.com

2. Date of priority: (Only one per claim) 12/31/1998 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 41N, Range 05W, Section 2
NE 1/4 of NE 1/4, or Govt. Lot 1 BM, County of LATAH
Parcel no. RP017900000200

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 DOMESTIC purposes from Month/Day 1/1 to Month/Day 12/31 cfs (✓) or AFY () amount 0.01

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.01 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Retail Shop and Greenhouse Irrigation of less than 2500 Gallons Per Day

9. Location of place of use is: Township 41N, Range 05W, Section 2,
NE 1/4 of NE 1/4, Govt. Lot 1 BM, Parcel 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? LATAH

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.

City of Pottlatch or None ()

Remarks (include an explanation of the priority date selected):

Parcel Data

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 87-10757

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 Palouse 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) _____ Date: _____

_____ 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

_____ of _____,
Agent's title (Please print) 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 of behalf on 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) JOHN MADDEN AND/OR THERESA GREINER Claim ID _____

87-10757

