



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

GARY SPACKMAN
Director

October 2, 2020

GARRY OR KATHLEEN THOMPSON
2506 W TOAD RD
COEUR D ALENE ID 83814

SUBJECT: Amended Notice of Claim to a Water Right Number 95-14565, Season of Use

Dear Mr. or Ms. Thompson:

In regard to our most recent phone conversation of Friday, October 2, 2020, where we discussed the procedure to change the season of use on your water right claim; enclosed is the following:

1. Amended Notice of Claim 95-14565

Under item 6 I've amended the claim's season of use to **01/01 to 12/31**. Be sure to re-sign the claim under item 14. Please review all the information on the claim for accuracy and if there's anything you disagree with, simply cross out the incorrect information and write in the correct information. I've enclosed a map, for your review.

2. Motion to File Amended Notice of Claim (Standard Form 3)
3. Objection (Standard Form 1)
4. Motion to File Late Objection (Standard Form 7)

These forms are referred to as "standard forms". You'll need to complete these and send copies of the claim, along with the forms, to the parties listed on the forms. The forms are meant to be self-explanatory; however, if you have any questions please feel free to contact me. My email address and phone number are listed below.

Once the Court receives the forms, and permission is granted for the filing of the amended claim and objections, Idaho Department of Water Resources (IDWR) will review the amended claim and you will be contacted within the next several months by either the Court or IDWR.

Sincerely,

Linda A. Werner
Water Resource Agent, Sr.
Northern Regional Office

Phone: (208) 762-2800/2802
Email: linda.werner@idwr.idaho.gov

Enclosure(s): Amended Claim 95-14565, Map, SF1, SF3 and SF7

**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: 95-14565
Date Received:
Receipt No: N022675
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)

GARRY R THOMPSON
2506 W TOAD RD
COEUR D ALENE ID 83814

Phone: (509) 202-2120

AND/OR

KATHLEEN E THOMPSON
2506 W TOAD RD
COEUR D ALENE ID 83814

Phone: (509) 599-9190

2. Date of Priority: 12/31/1966

3. Source:
COEUR D ALENE LAKE

Trib. to:
SPOKANE RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
49N	04W	11	NE SW	4	KOOTENAI	

5. Description of diverting works:

PIN of Diversion is 04380000016A, Pump and Pipeline

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
49N	04W	11	NE		SW	4	

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: _____

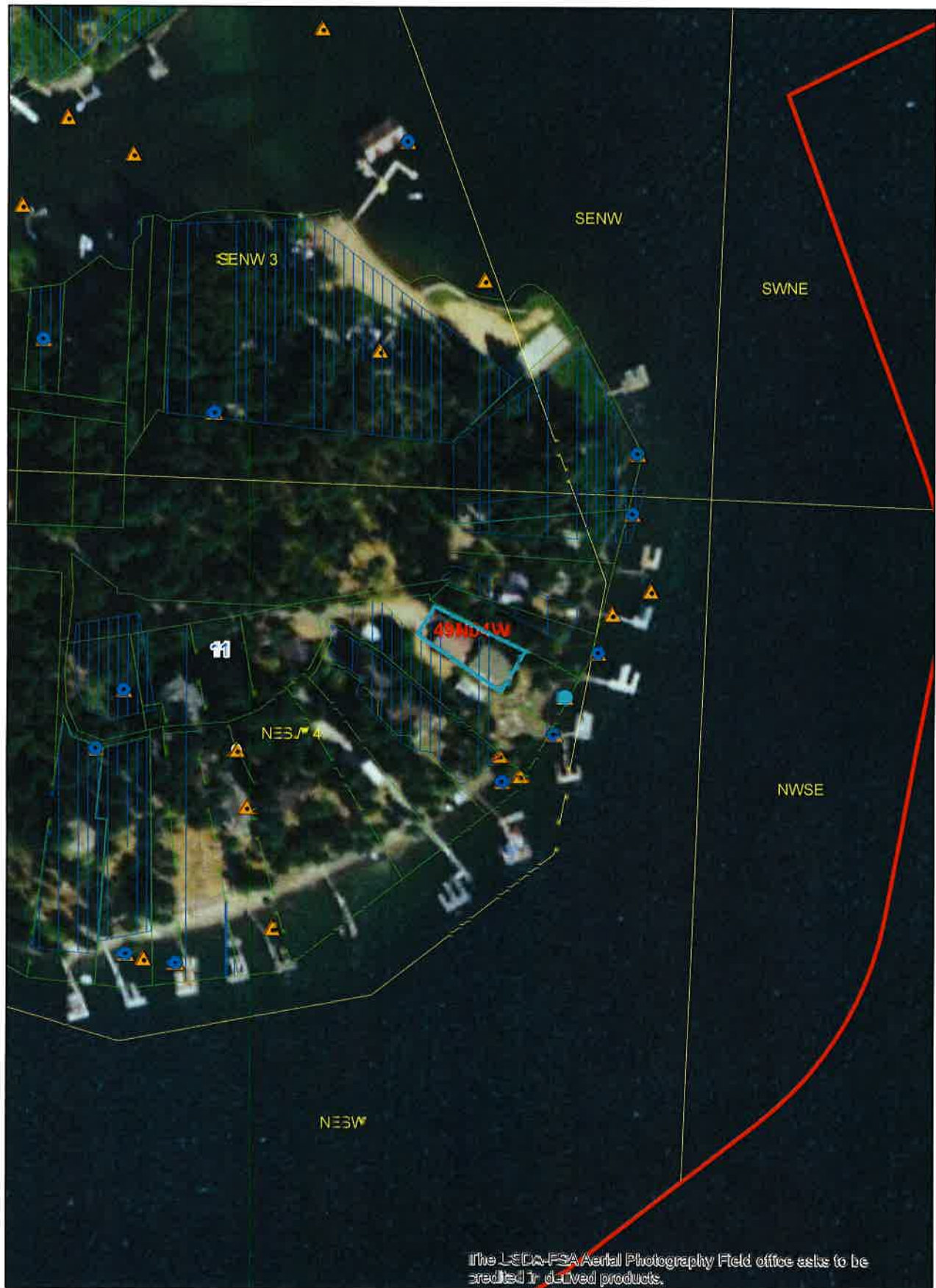
For Individuals:

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): _____ Date: _____

_____ Date: _____

95-14565



The LSCA-FSA Aerial Photography Field office asks to be credited in all products.