

**From:** [Roda, Evan](#)  
**To:** [coateslong@outlook.com](mailto:coateslong@outlook.com)  
**Subject:** Amended Notice of Claim for CFPRBA Claim No. 97-8746  
**Date:** Wednesday, July 26, 2023 2:29:00 PM  
**Attachments:** [97-8746 AmendedNoticeOfClaim.docx](#)

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Dear Mr. Long,

As per our phone conversation today, I am sending you an Amended Notice of Claim to a Water Right form, which can be utilized to revise the previously submitted claim for the water uses on your property (Claim No. 97-8746). For your convenience, I completed much of the claim form for you, utilizing all the information we discussed during our call as well as from your previous claim. All revisions to the previously submitted claim information have been highlighted and underlined. There is no charge for amending your claim as it is still pending in the adjudication process. After your review, please return the signed claim form to our office at the address listed below. If the amended claim is not submitted, CFPRBA claim no. 97-8746 will be recommended to the Court as originally claimed.

Feel free to contact me if you have any questions regarding this matter and I will be happy to help. I can be reached by phone during business hours at 208-762-2815 or by email at [evan.roda@idwr.idaho.gov](mailto:evan.roda@idwr.idaho.gov).

Best Regards,

*Evan*

**Evan W. Roda**  
Water Rights Supervisor  
Idaho Department of Water Resources, Northern Region  
7600 N Mineral Drive, Suite 100  
Coeur d'Alene, ID 83815-7763  
Phone (208) 762-2815 / 2800  
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IDAHO 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 CLARK FORK-PEND OREILLE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Ident. Number: 97-8746

Date Received:

Receipt No: T112952

Claim Fee: \$25.00

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)**

LONG FAMILY TRUST  
C/O CARL J & DEBORAH C LONG  
PO BOX 39  
PRIEST RIVER ID 83856-0039

Phone: (208) 448-1219

**2. Date of Priority:** 12/31/1980

**3. Source:**  
GROUND WATER

Trib. to:

**4. Point of Diversion:**

| Township | Range | Section | ¼ of ¼ of ¼ | Lot | County | Type |
|----------|-------|---------|-------------|-----|--------|------|
| 56N      | 04W   | 18      | SE SE       |     | BONNER |      |

**5. Description of diverting works:**

Well, 1" pipe

**6. Water is used for the following purposes:**

| Purpose  | From       | To           | C.F.S.      | (or) | A.F.A. |
|----------|------------|--------------|-------------|------|--------|
| DOMESTIC | <u>1/1</u> | <u>12/31</u> | <u>0.04</u> |      |        |

**7. Total Quantity Appropriated is:**

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

8. Non-irrigation uses:

Household water.

9. Place of use:

DOMESTIC within BONNER County

| Township | Range | Section | ¼  | of | ¼  | Lot | Acres |
|----------|-------|---------|----|----|----|-----|-------|
| 56N      | 04W   | 18      | SE |    | SE |     |       |

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:

Year built per Bonner County records. Previous owner lived in shop until house was completed.

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 CLARK FORK-PEND OREILLE 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 Organizations:**

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

\_\_\_\_\_ of \_\_\_\_\_  
Agents 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 \_\_\_\_\_