

**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: 95-18491
Date Received: 8/7/2023
Receipt No: C117416
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)

~~LEESA R WARREN~~ Phone: ~~(208) 661 4281~~
~~PO BOX 8~~
~~BLANCHARD ID 83804 0008~~

~~JAMES WILLIAM WARREN~~ Phone: ~~(208) 661 0777~~
~~PO BOX 8~~
~~BLANCHARD ID 83804~~

WARREN TRUST Phone: (208) 661-4281
PO BOX 8
BLANCHARD ID 83804-0008

2. Date of Priority: 6/26/2006

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	21	SW NW		BONNER	

5. Description of diverting works:

Well, pump, pipeline to shop, pipeline to house, 6" casing 198' depth

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
---------	------	----	--------	------	-------

DOMESTIC

01/01

12/31

0.04

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

One home, one shop with living quarters

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	21	SW		NW		

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:

Date of well driller's report

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 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

TRUSTEE of WARREN FAMILY TRUST
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 Leesa R Warren Date 4-8-24

Printed Name of Authorized Agent Leesa R Warren