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JUN 16 2015

IDWR/NORTHERN

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: 94-9325

Date Received: ~~6/9/2014~~ 6-16-2015

Receipt No: T099396

Received By: LW

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

TOM TURCOTT Phone: (208) 818-5930
39211 S HWY 3

SAINT MARIES ID 83861
DEANN TURCOTT Phone: (208) 818-5930
39211 S HWY 3

SAINT MARIES ID 83861
CLARENCE BATES Phone: (208) 689-3293
40479 S HWY 3

SAINT MARIES ID 83861

2. Date of Priority: 1/23/1914

3. Source: UNNAMED STREAM Tributary to: BLACK CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
47N	02W	7	NW SE		KOOTENAI	Beginning Point
47N	02W	7	NW SE		KOOTENAI	Ending Point
47N	02W	7	NW SE		KOOTENAI	Ending Point
47N	02W	7	NW SE		KOOTENAI	Beginning Point

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
STOCKWATER	1 /1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-Irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	50

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	02W	7	NW SE		STOCKWATER	
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Date property was purchased by the family

Description of use:	<u>Water Use</u>	Description
	STOCKWATER	Mixed Stock in process of growth

14. Basis of Claim: Beneficial Use

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 notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): *Thomas C. Yurath* Date: 6-16-15
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

_____ of _____
 Title Organization

That I have signed the foregoing document in the space below as

_____ of _____
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name