

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: ~~94-4057~~ 94-9380

Date Received: 4/7/2011

Receipt No: N022443

Received By:

RECEIVED
JUL 18 2014
IDWR / NORTH

Amended
NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

NORMAN L VAN TREASE
PO BOX 625
WALLACE ID 83873

2. Date of Priority: 3/1/1898

3. Source: WATSON GULCH CREEK Tributary to: SOUTH FORK COEUR D ALENE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	04E	36	NW NE		SHOSHONE	

5. Description of diverting works:

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	
IRRIGATION	03/15	11/15	0.03	
STOCKWATER	01/01	12/31	0.02	

7. Total Quantity Appropriated is: 0.09 C.F.S. and/or A.F.A

8. Non-irrigation uses:

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	04E	25	SW SW		DOMESTIC	
						Section Acres
48N	04E	25	SW SW		STOCKWATER	
						Section Acres
48N	04E	25	SW SW		IRRIGATION	1
						Section Acres
						1

~~94-4057~~
94-9380

6/13/2014

SCANNED
JUL 21 2014

Total Acres 0

- 10. Place of use in counties: SHOSHONE
- 11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

DOMESTIC

IRRIGATION

STOCKWATER

14. Basis of Claim: Beneficial Use

15. Signature(s) *[Handwritten Signature]*

(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.

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): *[Handwritten Signature]* Date: 7-12-14

50 or *[Handwritten Signature]* Date: 7-12-14

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

~~94-4057~~
94-9380

6/13/2014

SCANNED
JUL 21 2014