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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 COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9427

Date Received: 8/27/2015

Receipt No: C100938

Received By:

Amended

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DENNIS W WRIGHT Phone: (208) 682-4234

29957 E HARDY LOOP

CATALDO ID 83810

AMY WRIGHT Phone: (208) 682-4234

29957 E HARDY LOOP

CATALDO ID 83810

2. Date of Priority: 11/14/1907

3. Source: SPRING Tributary to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
49N	01E	30	NE NE		KOOTENAI	

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	Cattle	200

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	01E	30	NE NE		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

94-9427

8/27/2015

SCANNED SEP 08 2015

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use:	<u>Water Use</u>	<u>Description</u>
	STOCKWATER	150 cattle

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 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): *Jennis Wright* Date: 9-1-15
Ray Wright Date: 9-1-15

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