



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
Claim ID: 95-19513
Date Received: _____
Receipt No: _____
Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) Chris Varela Phone (208) 929-2507
Mailing address 5803 West Riverview Drive Coeur D'Alene ID Zip 83814
Street or Box City State
Email address (optional) cvarela@settlerscreek.com

2. Date of priority: (Only one per claim) 1/1/1907 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other () (a) _____
which is tributary to (b) _____

4. a. Location of point of diversion is: Township 50N, Range 04W, Section 9,
SE 1/4 of SW 1/4, Govt. Lot _____, BM, County of Kootenai
Parcel no. 50N04W097000
Additional points of diversion, if any: _____
If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____

5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Groundwater well, pump, pipeline, and 1,500 gallon storage tank

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
 For domestic purposes from 01/01 to 12/31 amount 0.06 or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.06 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Residential home and other uses in connection therewith

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals	
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE		
50N	04W	9																		

Parcel no(s) 50N04W096200 Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (✓) No ()
 If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
Commercial or None (✓)

13. Remarks (Include an explanation of the priority date selected):
Accomplished transfer changed point of diversion from hand-dug well installed in 1907 to drilled well installed in 1979. The attached National Historic Registry documents and affidavit demonstrate that the property was homesteaded and using water by at least 1907.

Name of claimant(s) Chris Varela Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 notices in the Coeur d'Alene-Spokane River Basin Water System 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: 2

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

Signature of Claimant (s) _____ Date: _____

_____ Date: _____

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

_____ of _____
Agent's 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 _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) Thomas J. Budge, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature  Date 3.29.19

Address 201 E. Center Street, P.O. Box 1391, Pocatello, ID 83204

Name of claimant(s) Chris Varela Claim ID _____