

95-255

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 95-11808
Date Received: 10-21-09
Receipt No: N022543 B
Received By: cm

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

RECEIVED

OCT 21 2009

IDWR/North

1. Name of Claimant(s) William E. Shelley Phone (509) 534-3500

Mailing Address P.O. Box 8098 Spokane WA Zip 99203
Street or Box City State

2. Date of Priority: (Only one per claim) October 5th 2000
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒) or Other (☐) (a) Well located on
which is tributary to (b) property 95-255
West Portion of Gov. Lot #3

4. Location of Point of Diversion is: Township 51N, Range 3WBM, Section 21,
1/4 of 1/4, or Govt. Lot ____ BM. County of Kootenai;

Parcel (PIN) no. 51N03W-21-5060

Additional points of diversion if any: _____

If available, GPS coordinates: UNKNOWN

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

375' deep domestic well on above described land.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
amount 02-04 CFS

For Domestic purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
amount 02-04 CFS

7. Total Quantity claimed _____ cfs (☒) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 2 Households - adjoining Neighbor Located
at 5401 E. Trillion (West of Legal description above)

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Same as described in #4 & #8

9. Location of Place of Use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any _____

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 the 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.

Use of Lake water pumps at Both Locations described or None ()
in #4 & #8

13. Remarks:

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 95-255

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 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 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) William E Shelby Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of 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 _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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