

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 95-9633

Date Received: 7/8/19

Receipt No: NO21206 B

Received By: [Signature]

NOTICE OF CLAIM  
TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) JOANNE E. STRONG Phone 208 683-2606

Mailing Address 1323 E. WINDWARD ATHOL ID ZIP 83801  
Street or Box City State

2. Date of Priority (Only one (1) per claim) AUG 27 1976 SES  
Month Day Year (YYYY)

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

4. a. Location of Point of Diversion is: Township 53N, Range 02W, Section 29,  
SW, 1/4 of SW, 1/4 Govt. Lot \_\_\_\_\_, BM., County of KOOTENAI

Parcel (PIN) no. 53N 02W 29 6000

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. \_\_\_\_\_

WELL AND PUMP - SEPT 1993 - 3/4" PLASTIC PIPE USED TO  
SUPPLY WATER TO 10x50 MOBILE HOME ON SW. CORNER  
OF PROPERTY - APPROX 700' - DEPTH OF WELL APPROX.  
80'.

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For DOMESTIC purposes from JAN DEC 1 to DEC 31 amount 0.040 or 1.20

For IRRIGATION purposes from APR 1 to NOV 1 amount 0.060 or 10.50

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

7. Total quantity claimed (a) 0.100 (cfs) and/or (b) 11.70 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 21 HES

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.

| Twn        | Rng        | Sec       | NE |    |    |    | NW |    |    |    | SW |    |            |            | SE |    |    |    | Totals   |
|------------|------------|-----------|----|----|----|----|----|----|----|----|----|----|------------|------------|----|----|----|----|----------|
|            |            |           | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW         | SE         | NE | NW | SW | SE |          |
| <u>53N</u> | <u>02W</u> | <u>29</u> |    |    |    |    |    |    |    |    |    |    | <u>3/5</u> | <u>HES</u> |    |    |    |    | <u>3</u> |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |
|            |            |           |    |    |    |    |    |    |    |    |    |    |            |            |    |    |    |    |          |

Parcel (PIN) no(s). 53N02W296000

Total number of acres irrigated 3

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 (X) 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.

or None ( )

13. Remarks: \_\_\_\_\_

Last Name STROWG

Identification No. \_\_\_\_\_

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14. Basis of Claim (Check One) Beneficial Use ( ) Posted Notice ( ) License (X) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number 95-9633

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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

Trustee Title of Strong Family Trust of 1989 Organization

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

Trustee Title of Strong Family Trust of 1989 Organization

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

Signature of Authorized Agent Joanne E. Strong Date 7/6/09

Title and Organization Trustee - Strong Family Trust of 1989

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. SCANNED

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