

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 95-9453

Date Received: 7/15/2009

Receipt No: N021333

Received By: am

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JUL 15 2009

IDWR/North

Please type or print clearly

1. Name of Claimant (s) DMS WATER ASSN. INC Phone (209) 683-2095

Mailing Address P.O. BOX 765 ATHOL, ID. ZIP 83801
Street or Box City State

2. Date of Priority (Only one (1) per claim) SEPT. 25 2001
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 53N, Range 02W, Section 7,
NW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of KOOTENAI

Parcel (PIN) no. 53N 02W - 07 - 8000

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.

96-74-N-64 WELL COMPLETED 5-15-74
TO A DEPTH OF 404'

TWO PRESSURE TANKS - 4" MAIN LINE

SCANNED
JUL 15 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For DOMESTIC purposes from 01/01 to 12/31 amount 0.06 or 5.4

For IRRIGATION purposes from 04/01 to 10/31 amount 0.06 or 13.5

For STOCK WATER purposes from 01/01 to 12/31 amount 0.01 or 0.3

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.06 (cfs) and/or (b) 19.2 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) DOMESTIC - 9 HOUSEHOLDS STOCK WATER 20 RANGECATTLE

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	
53N	2W	7		D	D											D			
53N	2W	7		2	1.5											1			4.5
53N	2W	7		5	5											5			

Parcel (PIN) no(s). SEE REMARKS

Total number of acres irrigated 4.5

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 (☒ OWNED BY MEMBERS)
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: 53N 02W-07-0625

53N 02W-07-0850

53N 02W-07-0900

53N 02W-07-1150

53N 02W-07-1450

53N 02W-07-1500

53N 02W-07-1700

53N 02W-07-8000

53N 02W-07-8200

Last Name DMS WATER ASS. INC. Identification No. 95-9453

JUL 15 2009

DMS WATER ASSOC PIN 53N02W-07-8000



95-9453

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A.G.W.

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 95-09453

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: A.G.W. 3

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

PRESIDENT Title of DMS WATER ASSN. INC. Organization

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

PRESIDENT Title of DMS WATER ASSN. INC. Organization

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

Signature of Authorized Agent Alvin E. Wilkie Date 7-15-2009

Title and Organization PRESIDENT DMS WATER ASSN. INC.

ALVIN E. WILKIE

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 DMS WATER ASSN INC Identification No. 95-9453

COANNED

JUL 15 2009