

**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 94-7010A

Date Received: 6-29-10

Receipt No: N025060 B

Received By: HA

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

RECEIVED

JUN 29 2010

IDWR/North

Please type or print clearly

1. Name of Claimant (s) DELBERT OR BETTY KERR Phone (208) 772-5503

Mailing Address W 975 HONEYSUCKLE HAYDEN ID ZIP 83835
Street or Box City State

2. Date of Priority (Only one (1) per claim) 1/19/1970
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) COEUR D ALENE RIVER
which is tributary to (b) COEUR D ALENE LAKE

4. a. Location of Point of Diversion is: Township 50N, Range 03E, Section 29,
SE, 1/4 of SW, 1/4 Govt. Lot 5, BM., County of SHOSHONE

Parcel (PIN) no. 50N03E-29-5300

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. _____

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(both dates are inclusive MM-DD) (cfs) (acre feet)

For IRRIGATION purposes from 5/1 to 10/1 amount 0.12 or 31.5

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

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

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.

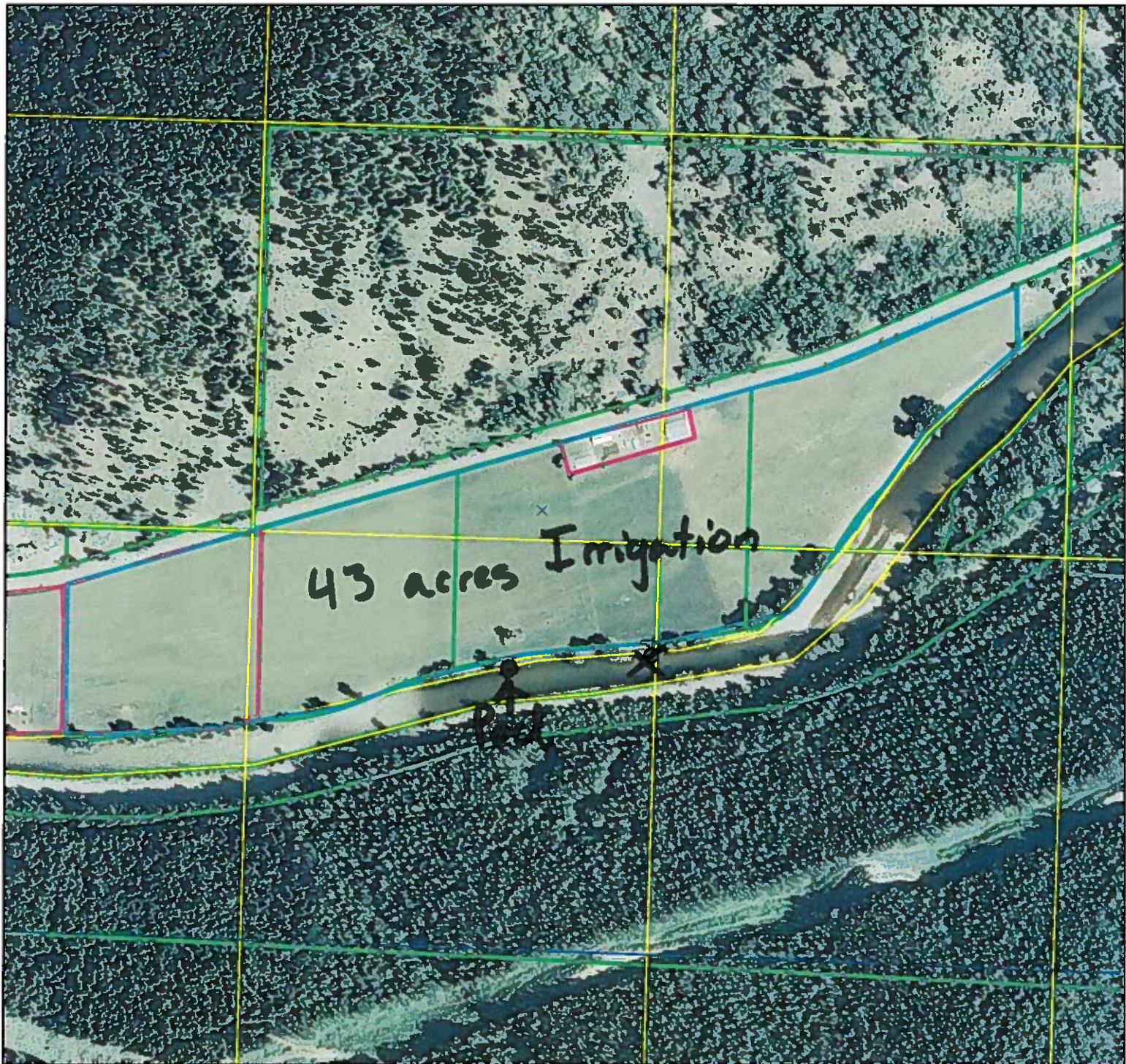
[illegible]Total number of acres irrigated 11

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.

94-7453 AND A SPLIT OF 94-7452 or None ()

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KERR



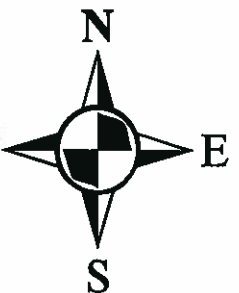
Legend

-  Township/Range
-  Sections
-  QQ
-  Taxlots

0 445 890 1,780
Feet

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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 94-7010A

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: 0

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) *Robert J. Kern* Date: 6/29/10

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

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

Title of _____ 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 _____ Date _____

Address _____

Last Name Ketr

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