

OCT 04 2010

Form No. 42-1409-2 (Internet 12/08)

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 94-7766Date Received: 10/4/2010Receipt No: C0918338Received By: SRJ

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

1. Name of Claimant(s) Dale Herboldt Phone 208 818-2050Mailing Address 43499 S. Hwy 3 St. Maries ID Zip 83861
Street or Box City State2. Date of Priority: (Only one per claim) 9 - 27 - 2010
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) _____
which is tributary to (b) Sheep Creek (Seasonal during spring run-off)4. Location of Point of Diversion is: Township 47N, Range 03W, Section 24 (6250)
1/4 of _____ 1/4, or Govt. Lot _____ BM. County of _____Parcel (PIN) no. AIN # 131942

Additional points of diversion if any: _____

If available, GPS coordinates: _____

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.

Well on property is in addition to seasonal run-off mentioned above. (300' deep on Well)

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

For Domestic and Stockwater purposes from 1-1 to 7-31 amount 0.07 SeasonalFor " " purposes from 1-1 to 12-31 amount .04 well7. Total Quantity claimed 0.11 cfs () or AFY ()

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

Stockwater and Number of livestock) Single household / Less than 100 head of Livestock

9. Location of Place of Use is: Township SAME, Range AS, Section item 4,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
for (Check One) Domestic () Stock () Domestic and Stock (X) If different than shown in Item 4

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 (X) 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.

_____ or None ()

13. Remarks:

As mentioned Small Season Creek that dries up in
summer is utilized for Stockwater part of year.

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

Court N/A Decree Date N/A Plaintiff v. Defendant N/A

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 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: check 25.02

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) John A. Weiboldt Date: 9-27-2010

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____