

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

RECEIVED

OCT 16 2009

Department of Water Resources
Eastern Region

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

CIVIL CASE NUMBER: 49576

Ident. Number 95-14494

Date Received: 10-16-2009

Receipt No: BML E035407

Received By: BML

RECEIVED

OCT 22 2009

IDWR/North

1. Name of Claimant(s) JUDSON & OR KAREL MELTON Phone (208) 773-1349

Mailing Address 11361 W. RIVERVIEW DR POST FALLS ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 6-1-1982
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) SPOKANE RIVER
which is tributary to (b) Columbia River

4. Location of Point of Diversion is: Township 50 N, Range 5 W, Section 11,
NE 1/4 of SE 1/4, or Govt. Lot 8 BM. County of KOOTENAI;

Parcel (PIN) no. 08080-00000B-0

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

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.

1 1/2 HP. Pump. 1 1/2" PVC PIPE with inlet VALVE IN RIVER
5 Spray Heads + 3 Rainbird Heads on system

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

For Domestic purposes from Apr 15 to Nov 15 amount 0.04 cfs(✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) ONE HOME

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9. Location of Place of Use is: Township 50 N, Range 5 W, Section 11,
NE 1/4 of SE 1/4, Govt. Lot 8 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 N/A

10. In which county (ies) are lands listed above as place of use located? KOOTENAI County

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.

GREENS FERRY WATER DIST. 95-~~1551~~ 7567 or None ()

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 _____

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: 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) Judson L. Meeton Date: 10-5-09

Karen Meeton Date: 10-05-09

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. 95-14494

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