

**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 92-7226

Date Received: 6/6/11

Receipt No: 1027491

Received By: RE

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

Please type or print clearly

1. Name of Claimant (s) Jack A. Buell and ^{EC}Eleanor L. Buell Phone (208) 245-3274

Mailing Address 318 Highland Drive St. Maries ID 83861
Street or Box City State ZIP

2. Date of Priority (Only one (1) per claim) 08/20/1996
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (☒) (a) St. Joe River
which is tributary to (b) Coeur d'Alene Lake

4. a. Location of Point of Diversion is: Township 46N, Range 2W, Section 16,
NE, 1/4 of SW, 1/4 Govt. Lot 4, BM., County of Benewah

Parcel (PIN) no. RP004500200681A

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. _____

3.5 HP Pump protected with circuit protector, 2.5" PVC water intake line 40' beyond OHWN (pump and
pipeline is removed during high water)

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Irrigation purposes from March 15 to Nov. 15 amount .04 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) .04 (cfs) and/or (b) (acre feet)

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

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	
46N	2W	16									3.3								3.3

Parcel (PIN) no(s) RP004500200681A

Total number of acres irrigated 3.3

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

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.

12. Describe any other water rights used at the same place and for the same purposes as described above.

or None ()

13. Remarks:

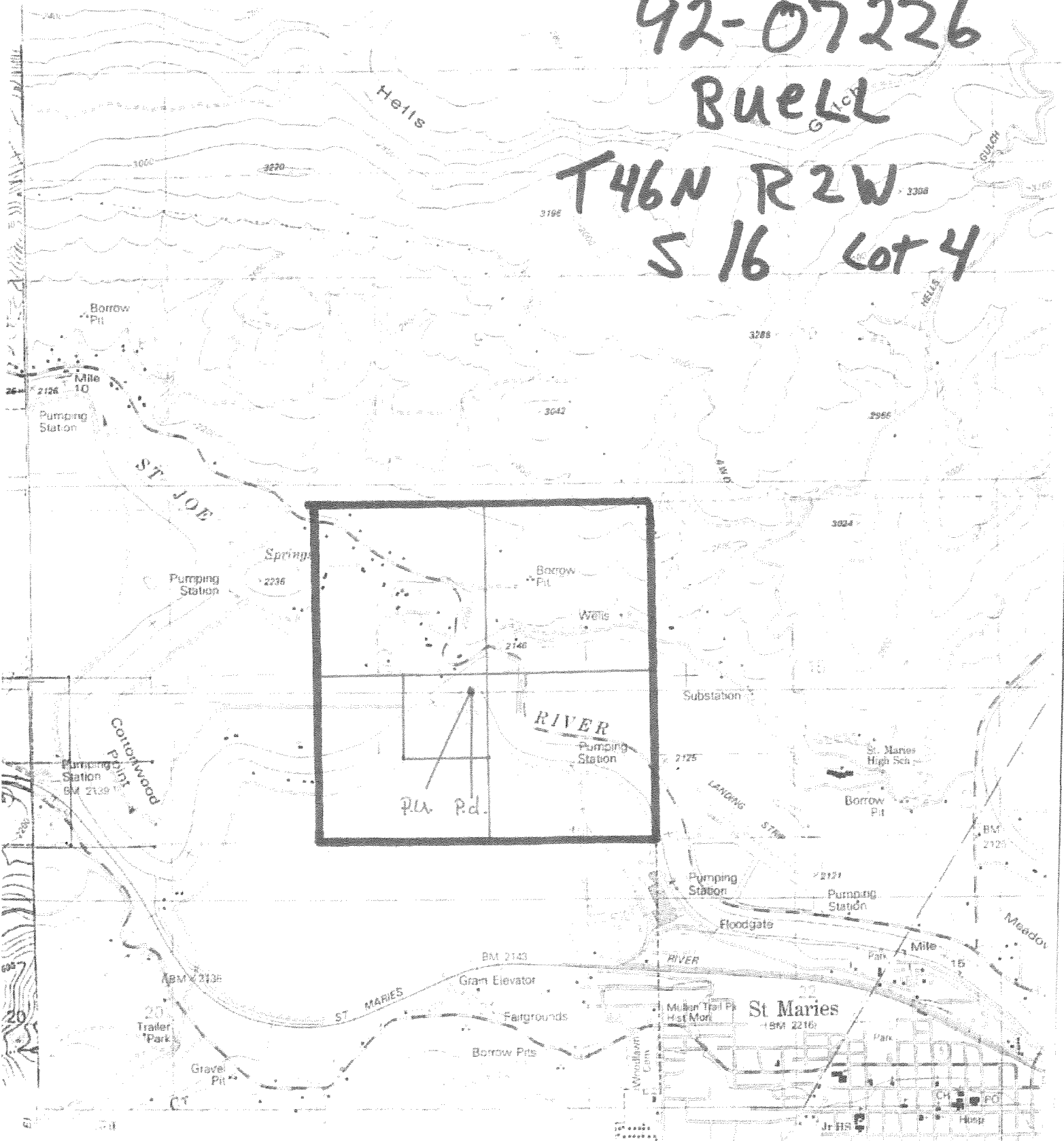
Last Name Buell, Jack A. & Eleanor L. Identification No.

92-07226

BUELL

T46N R2W

S 16 Lot 4



MICROFILMED

AUG 25 1998

Last Name Buell, Jack A. & Eleanor L.

Identification No.

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 92-7226

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: _____

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

_____ 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, Nancy A Wolff, 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 Jack A Buell Date _____

Address Nancy Wolff 6/6/2011 Bar # 2930

720 Main Ave
St Maries, Id 83861

Last Name Buell, Jack A. & Eleanor L. Identification No. _____