

**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: 94-7148

Date Received: 11/07/2011

Receipt No.: N028517A

Am

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CLARK F. GABEL	PO BOX 701	PINEHURST	ID	USA	83850
IRENE E. GABEL	PO BOX 701	PINEHURST	ID	USA	83850

2. Date of Priority:

Date	Explanation
6/27/1979	ORIGINAL SHALLOW WELL SUPPLEMENTED BY DRILLED WELL 94-97-N-35 COMPLETED 10.21.1997. ORIGINAL SHALLOW WELL STILL USED FOR BACKUP DOMESTIC USE AND TO IRRIGATE LAWN.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	02E	28		NE	NE	SHOSHONE
49N	02E	28		NE	NE	SHOSHONE

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1	-		
STOCKWATER	-	Type of Stock	Number of Stock	7 HEAD HORSES AND CATTLE.
		Mixed Stock	1 - 10	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day

STOCKWATER	1 / 1	12 / 31
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	1.20	0.0
STOCKWATER	0.020	0.40	0.0

Totals:

CFS	AF	KW
0.060	1.60	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	02E	28	NE	NE	SHOSHONE	-	-
STOCKWATER	49N	02E	28	NE	NE	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-7148

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 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): Clark Gabriel Date: 11-7-11
Irene Gabriel Date: 11-7-11

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 _____

Please print name