

**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: 94-8620
Date Received: 11/14/2011 *am*
Receipt No.: NO 28571 B

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JERALD P. AVERY	3180 W FORK PINE CREEK RD	PINEHURST	ID	USA	83850
JOANNE D. AVERY	3180 W FORK PINE CREEK RD	PINEHURST	ID	USA	83850

2. Date of Priority:

Date	Explanation
4/1/1969	WE BUILT ONE SHALLOW DUG WELL IN 1969 AND CONNECTED TO AN EXISTING HOME ON OUR PROPERTY. THE HOME WAS PREVIOUSLY SUPPLIED BY SURFACE WATER ALONE.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
47N	01E	1		NE	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock		Description				
DOMESTIC	1	-						
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Mixed Stock</td><td>1 - 10</td></tr></table>	Type of Stock	Number of Stock	Mixed Stock	1 - 10	10 GOATS AND 1 HORSE HAVE BEEN MAXIMUM NUMBER KEPT ON PROPERTY.	
Type of Stock	Number of Stock							
Mixed Stock	1 - 10							

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

STOCKWATER	1 / 1	12 / 31
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7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	47N	01E	1	NE	SE	SHOSHONE	-	-
STOCKWATER	47N	01E	1	NE	SE	SHOSHONE	-	-

9. Basis of Claim:

Basis
Beneficial Use

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: _____

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):

Dianne D. Avery

Date:

11-14-2011

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 _____

Please print name