

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

CIVIL CASE NUMBER: 49576

Ident. Number _____

Date Received: 12-15-11Receipt No: N028874 AReceived By: Steading

DEC 15 2011

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

IDWR / NORTH

1. Name of Claimant(s) JERRY JOE CARON Phone (208) 556-6411Mailing Address 2281 9MILE RD WALLACE ID Zip 83873
Street or Box City State2. Date of Priority: (Only one per claim) 12/1/2011
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) SPRING
which is tributary to (b) Black cloud Creek4. Location of Point of Diversion is: Township 48 N, Range N04 E, Section 14,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of ShoshoneParcel (PIN) no. TN 48 N04 E 148225Additional points of diversion if any: comes out of Hillside

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.

PUT CISTRUN IN HILLSIDE WRAPPED IN LINER (40' 4" PIPE TO 1200 GAL CEMENT TR, THEN
TO PUMP HOUSE & TO MY HOME.

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

For Domestic purposes from JAN 1 to DEC 31 amount 0.06 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.06 cfs (x) 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

9. Location of Place of Use is: Township TN 48, Range N04E, Section 14,
NE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) Domestic (X) 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? Shoshone

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:

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 N/A

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 (X) 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) Jerry Joe Carow Date: 12/11/01

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. _____