

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

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JAN - 4 2012

IDWR/NORTHERN

Please type or print clearly

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

CIVIL CASE NUMBER: 49576

Ident. Number 95-74520-95-8685

Date Received: 10-27-09

Receipt No: 11022619

Received By: un

RECEIVED

OCT 27 2009

IDWR/North

1. Name of Claimant (s) JOHN + ANDREA GIBSON Phone 208 773-1001

Mailing Address 18833 W. QUAIL LN POST FALLS ID ZIP 83854

Street or Box

City

State

2. Date of Priority (Only one (1) per claim) APRIL 10, 1991

Month Day Year (mm)

3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 50N, Range 06W, Section 24,
SE, 1/4 of SE, 1/4 Govt. Lot 4, BM., County of KOOTENAI

Parcel (PIN) no. 50N06W248700

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.

1) WELL, 200 FT, 2) A ground pipe and 200
gallon tank used to capture seasonal spring
water

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For Domestic purposes from JAN 1 to DEC 31 amount 0.016 cfs or _____

For Domestic purposes from March 1 to Aug 30 amount 0.004 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.02 cfs (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.) Domestic - 1 household

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	
50N	06W	24																D	1

Parcel (PIN) no(s) 50N 06W 24 8700 Total number of acres irrigated 1

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

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.

NONE or None ()

13. Remarks: Note: The Domestic claim of 0.016 cfs corresponds to well consumption. The Domestic claim of 0.004 corresponds to a seasonal spring use for augmenting watering of family garden.

Last Name GIBSON Identification No. _____

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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

4377 95-08685

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: 10/18/09

Date: 10/18/09

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 _____ Date _____

Address _____

Last Name

GIBSON

Identification No. _____

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JAN - 4 2012 OCT 27 2009