

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
MAY 26 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

CIVIL CASE NUMBER: 49576
Ident. Number 93-4029
Date Received: 5-26-11
Receipt No: N0027310 A
Received By: MS

1. Name of Claimant(s) Ray D. Williams Phone 208 686-1477

Mailing Address 973 Revell Valley Rd City Plymmer Id State Id Zip 83851
Street or Box

2. Date of Priority: (Only one per claim) 1946? Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Spring
which is tributary to (b) North Fork Haulman Creek (sinks in summer)

4. Location of Point of Diversion is: Township N 46, Range 5W, Section 35
W 1/2 of 5W 1/4, or Govt. Lot _____ BM. County of _____
Parcel (PIN) no. RP 46N05W35S00A4
Additional points of diversion if any: _____
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.
Spring box - 4 feet deep - pump house

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For ~~Domestic & stockwater~~ purposes from 1/4 to 3/31 Month/Day amount 0.04 cfs () or AFY ()
For Stockwater purposes from 8-1 to 12-31 amount 0.02 cfs () or AFY ()
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) 1 house, up to 10 cows/cals
units

FOAMNED
MAY 26 2011

SCANNED
MAY 26 2011

9. Location of Place of Use is: Township _____, Range _____, Section _____, BM. Parcel (PIN) no. Same
for (Check One) Domestic () Stock () Domestic and Stock (X)
1/4 of _____ 1/4, Govt. Lot _____
If different than shown in Item 4

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

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number 93-4089

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) Ray D. Williams
Date: May 11

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title _____ of _____ Organization _____
that I have signed the foregoing document in the space below as
Title _____ of _____ 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. _____