

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 93-7270

Date Received: 5-10-11

Receipt No: N027090

Received By: im

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

MAY 10 2011

IDWR/NORTHERN

Please type or print clearly

1. Name of Claimant (s) Darnivan LLC Phone (303) 766-1157

Mailing Address 6073 S. Eagle St Centennial CO ZIP 80016
Street or Box City State

2. Date of Priority (Only one (1) per claim) 10-01-1970
Month Day Year (YYYY)

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 46N, Range 5W, Section 3,
NW, 1/4 of SW, 1/4 Govt. Lot _____, BM., County of Benewah

Parcel (PIN) no. RP 46N05W035400A

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. _____

Small pond from spring
constructed 1970 - please see attached photo taken
during construction - date stamp is on photo
see map attached

SCANNED
MAY 10 2011

6. Water is claimed for the following purposes: see attached worksheet

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For all purposes from 01-01 to 12-31 amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.4 (cfs) and/or (b) 9.76 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 10 head of cattle, 1 household garden/orchard

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	
46N	5W	3	SS	SS							SS								
46N	5W	3									SFS								
46N	5W	3									FPS								
46N	5W	3									RS								
46N	5W	3									WS								
46N	5W	3									D								

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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

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.

_____ or None ()

13. Remarks: water for cattle & domestic is primarily
pumped from pond with 5hp gas pump into
300 gallon tank and hauled to point of use

Last Name Darnivan LLC

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 _____

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: 3

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: _____

_____ Date: _____

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

Managing Partner of Darnivan LLC
Title Organization

that I have signed the foregoing document in the space below as

Manager of Darnivan LLC
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Gail Baw Date May 6, 2011

Title and Organization Manager, Darnivan LLC

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 _____

Address _____

Date _____

Last Name Darnivan LLC Identification No. _____

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MAY 11 2011