

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 93-7350

Date Received: 6-7-11

Receipt No: N027536 A

Received By: Ker

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

1. Name of Claimant(s) MICHAEL AND/OR DENISE ANGELO Phone 208 274-2023

Mailing Address 381 LARSON RD. DESMET ID. Zip 83824
Street or Box City State

2. Date of Priority: (Only one per claim) 9/24/98
Month/Day/Year (YYYY)

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

which is tributary to (b) SHEEP CREEK

4. Location of Point of Diversion is: Township 44 NORTH, Range 4 WEST, Section 31,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of BENEFICIAL

Parcel (PIN) no. RP44N04W31Q000A

Additional points of diversion if any: N 1/2 SE 1/4 & S 1/2 SE 1/4

If available, GPS coordinates: BOISE MERIDIAN

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.

UNDEVELOPED WELL - HAS PUMP AND IS USED FOR IRRIGATION
WITHIN THE WELL, NO PRESSURE TANK

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

For DOMESTIC purposes from 4/1 to 11/30 amount 0.04 cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) _____

9. Location of Place of Use is: Township 44 NORTH Range 4 WEST Section 31
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. CAME AS ITEM 4
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (☒) 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:

THE WELL IS FOR IRRIGATION PURPOSES FOR AREA AROUND

THE HOUSE INHABITED BY 1 HOUSEHOLD PLUS PLANS TO IRRIGATE THE TREE

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

Court 5TH JUDICIAL DISTRICT COURT Decree Date JUNE 10, 2011 Plaintiff v. Defendant

If applicable provide IDWR Water Right Number _____

PROPERTY OWNERS WITHIN IDWR'S ADMINISTRATIVE BASIN 93 VS. COUNTY OF TWIN FALLS

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: 1

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: 6/6/11

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 _____

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 ANGELO, MICHAEL ^{OR} DENISE Identification No. _____