

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 93-7357Date Received: 6-10-11Receipt No: N027629AReceived By: cm

RECEIVED

JUN 10 2011

IDWR/NORTHERN

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) Moses Mnt. Farms Inc. Phone (809) 999 7511Mailing Address 1511 Moses Mnt Rd, Tensed Idaho Zip 83870
Street or Box City State2. Date of Priority: (Only one per claim) June 01, 1940
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (✓) or Other Well (a) 1979
which is tributary to (b) Hh Named Creek, tributary Hangman4. Location of Point of Diversion is: Township 44 N, Range 04 W, Section 27
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Benewah;Parcel (PIN) no. RP 44N04W2642 00 AAdditional 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.

wells piped to Farmhouse and stockwatering spigot

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

For Domestic/Irrigation purposes from Aug 31 to Jan 1 amount .07 cfs
Month/Day Month/Day cfs () or AFY ()For Stockwater/Irrigation purposes from Dec 31 to Jan 1 amount .13 cfs
Month/Day Month/Day cfs () or AFY ()7. Total Quantity claimed .20 cfs () 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, 101-200 Livestockmultiple connections reserved for wellSCANNED
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9. Location of Place of Use is: Township 44 N, Range 04 W, Section 27,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
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? Benevol

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:

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: 2

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) [Signature] Date: 6-9-11

_____. Date: _____

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

Share holder Title of Moses Mnt. Farms Inc. 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 Babbitt Identification No. _____

Moses Mnt Incorporated

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