

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 92-10552
Date Received: 6-1-11
Receipt No: NO27392
Received By: mw

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

RECEIVED
JUN - 1 2011
IDWR/NORTHERN

1. Name of Claimant(s) KURT E. WITTEN/NICOLE M. PUGH Phone (208) 245-1208

Mailing Address 583 W Highland Springs Road St. Maries ID Zip 83861
Street or Box City State

2. Date of Priority: (Only one per claim) NOVEMBER 20, 1987
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) Shared well with tax id# RP00270010042ba

4. Location of Point of Diversion is: Township 45N, Range 02W, Section 3
S/W 1/4 of N/W 1/4, or Govt. Lot _____ BM. County of Benewah;
Parcel (PIN) no. RP45NO2W035500A

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. Shared well, serving 1 home.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from Jan 1 to Dec 31 amount .04 cfs (✓) or AFY ()
For Stockwater purposes from Jan 1 to Dec 31 amount .02 cfs

7. Total Quantity claimed .06 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) Domestic, 1 home, 1 cow, 2 head goats, 10 chickens

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MAY 31 2011

9. Location of Place of Use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 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? Benewah

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:
We share a well with, 581 w highland springs road. Legal description, RP00270010042BA

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: 6 PAGES

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) Krista S. Wether Date: 5-27-11
Nicole M. Pugh Date: 5-27-11

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 _____ Identification No. _____

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