

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 92-10860  
Date Received: 11-17-10  
Receipt No: N026263  
Received By: cm

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  
NOV 17 2010  
IDWR/NORTHERN

1. Name of Claimant(s) CAROL M MCKEE Phone (208) 245-1763

Mailing Address 6501 ALDER CREEK RD ST MARIES ID Zip 83861  
Street or Box City State

2. Date of Priority: (Only one per claim) 5/25/1982  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_

4. Location of Point of Diversion is: Township 45N, Range 03W, Section 26,  
SE 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM. County of BENEWAH;  
Parcel (PIN) no. RP000300070010A

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.

WELL WITH PIPING TO 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 1/1 to 12/31 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) DOMESTIC OF 1 HOME

SCANNED  
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9. Location of Place of Use is: Township 45N, Range 03W, Section 26,  
SE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. SAME

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? \_\_\_\_\_

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: 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) - [Signature] Date: 11/16/10

\_\_\_\_\_  
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 \_\_\_\_\_ Identification No. \_\_\_\_\_

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