

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
RECEIVED

CIVIL CASE NUMBER: 49576

Ident. Number 91-7351Date Received: 11-26-10Receipt No: N026292Received By: N. Steading

NOV 26 2010

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

IDWR / NORTH

1. Name of Claimant(s) JACK & MABEL LOVETT Phone (208) 245-9328Mailing Address 100 BRICKELL ST. Saint Marie ID Zip 83861
Street or Box City State2. Date of Priority: (Only one per claim) MAY 13 1995 See Attached appraisal
Month/Day/Year (YYYY) Records from County assessor's office3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) NA4. Location of Point of Diversion is: Township 46N, Range 1E, Section 29
SE 1/4 of NE 1/4, or Govt. Lot — BM. County of Beneva;Parcel (PIN) no. RP004702500035AAdditional points of diversion if any: NAIf available, GPS coordinates: NA

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 drilling permit # 91-95-N-0005-000
Well completed 1995 & connected to one 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 .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) One Home

SCANNED

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9. Location of Place of Use is: Township 46N, Range 1E, Section 29,
SE 1/4 of NE 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 NONE

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 will file a claim for the
Unnamed Stream on our property

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) JACK LOVETT Date: 11-15-10

Mabel Lovett Date: 11-15-10

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 LOVETT Identification No. —

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