

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 91-7466Date Received: 5-31-11Receipt No: N027352Received By: lm

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

MAY 31 2011

IDWR/NORTHERN

1. Name of Claimant(s) JWG Family Partnership Phone (208) 245-3449

Mailing Address P O Box 446 St Maries Id Zip 83861
Street or Box City State

2. Date of Priority: (Only one per claim) 5/15/2000
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 46N, Range 02W, Section 13,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Benewah;
Parcel (PIN) no. RP00380010019DA

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

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

For Domestic purposes from 01/01 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

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9. Location of Place of Use is: Township 46N, Range 02W, Section 13,
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RP00380010019DA
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:
This well is registered under Wernhoff Bros Constr Inc. All paperwork on it has been destroyed. The name
on the property was changed by Quitclaim Deed in May of 2008.

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) _____ Date: _____

_____ Date: _____

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

Secretary _____ of JWG Family Partnership _____,
Title Organization

that I have signed the foregoing document in the space below as

Secretary _____ of JWG Family Partnership _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Jerry Wernhoff Date May 26, 2011

Title and Organization Secretary, JWG Family Partnership

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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