

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ~~TWIN FALLS~~ SHOSHONE

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 4957691-7669
Date Received: 12-19-11
Receipt No: N028936
Received By: em

RECEIVED

DEC 19 2011

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/NORTHERN

1. Name of Claimant(s) JANICE Miller Phone (253) 474-6253

Mailing Address 5435 S. Bell Tacoma WA Zip 98408
Street or Box City State

2. Date of Priority: (Only one per claim) 12/15/2011
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (x) (a) Kelly Creek
which is tributary to (b) St Joe River

4. Location of Point of Diversion is: Township 45N, Range 5E, Section 15,
NW 1/4 of NE 1/4, or Govt. Lot 7 BM. County of _____

Parcel (PIN) no. RP45N05E151400A

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.

Pipe and pump to above ground storage tank

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

For Domestic purposes from 3/1 to 11/1 amount .027 cfs (x) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .027 cfs (x) or AFY ()

8. Non-irrigation uses. Describe fully (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic -> one household

9. Location of Place of Use is: Township 45N, Range 5E, Section 15,
NW 1/4 of NE 1/4, Govt. Lot 7 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? Shoshone County

11. Do you own the property listed above as place of use? Yes (X) 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.

NA 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 (X) 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) Susanne Marten POA Date: 12/15/11

for Jennifer Miller 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: Susanne Marten Power of Attorney
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 Susanne Marten Date 12/15/11

Address 5435 South Bell Street Tacoma, WA 98408

Last Name MARTEN Identification No. _____