

\$51.00

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 91-7687Date Received: 12-14-11Receipt No: NQ28837Received By: Steading

RECEIVED

DEC 14 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

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JAN 11 2012

IDWR / NORTH

IDWR/NORTHERN

1. Name of Claimant(s) Avery Community Park Fish Pond Phone (208) 245-

Mailing Address PO Box 143 Avery ID Zip 83802
Street or Box City State

2. Date of Priority: (Only one per claim) 08/01/1909 01/04/2012
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Avery Creek
which is tributary to (b) ST JOE RIVER

4. Location of Point of Diversion is: Township 45 N, Range 05 E, Section 15, NW 1/4 of NE 1/4, or Govt. Lot 2 BM. County of Shoshone 01/09/2012

Parcel (PIN) no. RP45N 05E 151050

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.

pipelines

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

For fish pond propagation purposes from 01/01 to 12/31 amount 0.2 cfs(X) or AFY ()

For watering grass in park purposes from 05/01 to 10/15 amount _____

7. Total Quantity claimed 0.2 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

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01/09/2012

9. Location of Place of Use is: Township 45N, Range 05E, Section 15,
NW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. RP 45 N 05 E 15 1050
If different than shown in Item 4

for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐

Same
01/09/12

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? Shoshone

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) Aniela M Collier Date: 11/03/11

Date: _____

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

Secretary of Avery Citizens Committee
Title Organization

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

Title Organization

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

Signature of Authorized Agent Aniela M Collier Date 11/03/11

Title and Organization Secretary Avery Citizens Committee

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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