

**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 94-7049
Date Received: 11/17/19
Receipt No: N072886
Received By: LC

**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

Please type or print clearly

1. Name of Claimant (s) JOINT SCHOOL DISTRICT #391 (KELLOGG) Phone (208) 784-1348
Mailing Address 800 BUNKER AVENUE, KELLOGG, ID ZIP 83837
Street or Box City State
2. Date of Priority (Only one (1) per claim) APRIL 4, 1979
Month Day Year (YYYY)

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

4. a. Location of Point of Diversion is: Township 48 N, Range 3 EAST, Section 6,
NW, 1/4 of NW, 1/4 Govt. Lot _____, BM., County of SHOSHONE

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. 84 FOOT DEEP 8" DIAMETER WELL TO IRRIGATE 12 ACRES

KELLOGG MIDDLE SCHOOL

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For IRRIGATION purposes from APRIL 1 to OCTOBER amount 0.15 or 12.0

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.15 (cfs) and/or (b) 12.0 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) _____

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	3E	6					4												4

Parcel (PIN) no(s) _____

Total number of acres irrigated 4

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 your 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: _____

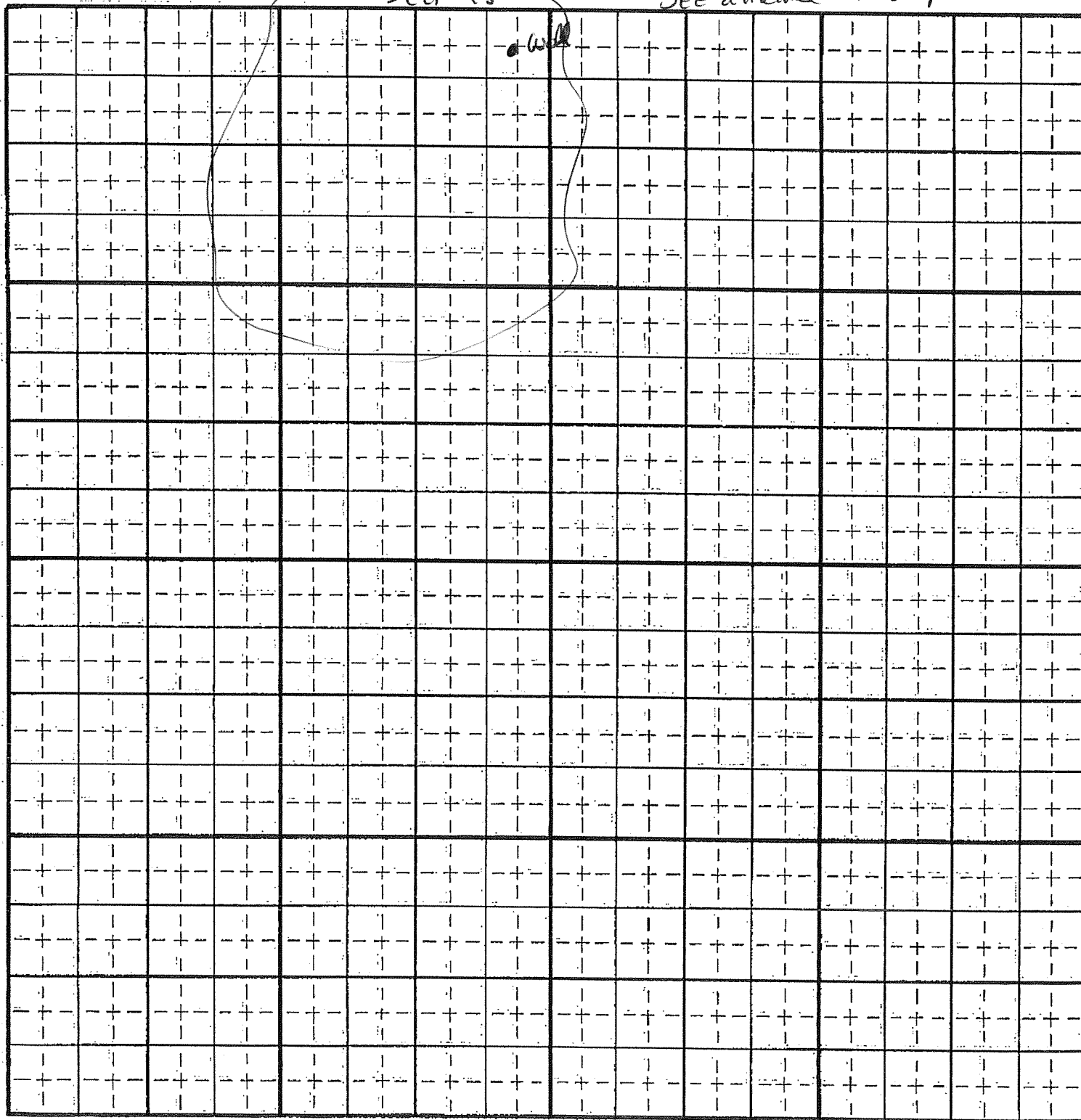
Last Name SD 391 Identification No. _____

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile

Sed 48

See attached aerial photo



Last Name SD 391 Identification No. _____

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 94-7049

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: 3

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

FACILITIES MANAGER of JOINT SCHOOL DISTRICT #391 (KELLOGG),
Title Organization

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

FACILITIES MANAGER of JOINT SCHOOL DISTRICT #391 (KELLOGG),
Title Organization

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

Signature of Authorized Agent [Signature] Date 11/17/09

Title and Organization I FACILITIES MANAGER JOINT SCHOOL DISTRICT #391 (KELLOGG)

16. Notice of Appearance:

Notice is hereby given that I, CHARLES M. DODSON ISB# 2134, 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 [Signature] Date 11/17/09

Address 1424 SHERMAN AVENUE, SUITE 300

COEUR D'ALENE ID 83814

Last Name SD 391 Identification No. _____