

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 94-7901Date Received: 8-02-10Receipt No: NO25337Received By: N Steadeng

RECEIVED

AUG 02 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) Artiss or Susan Blalack Phone (208) 682-3694Mailing Address 29717 E. Hardy Loop Cataldo ID Zip 83810
Street or Box City State2. Date of Priority: (Only one per claim) 1-1-1975
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) NA
which is tributary to (b) NA4. Location of Point of Diversion is: Township 49N, Range 1E, Section 19,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 49N01E-19-7025 6625^{SB}Additional 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.

94-92-N-29-000 well completed 1992 and connected to existing home. 94-92-N-29-000 replaced connection to hand dug well on PIN 49N-01E-19-6725

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 .04
Month/Day Month/Day cfs(X) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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) 2 homesSCANNED
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9. Location of Place of Use is: Township 49 N, Range 1 E, Section 19,
SE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 49N01E-19-7075
If different than shown in Item 4
for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any NA

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

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.
_____ or None (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) 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) Susaw Blalack Date: 6-16-10
_____ 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 forgoing 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 _____
Address _____
Date _____

Last Name _____ Identification No. _____

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