

**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 94-8053

Date Received: 9-30-10

Receipt No: N025844

Received By: cr

**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
SEP 30 2010
IDWR/NORTHERN**

1. Name of Claimant(s) Donald L. or LaVerne N. Taylor Phone (208) 689 9410

Mailing Address 31825 S. Indian Mountain Road Harrison Id Zip 83833
Street or Box City State

2. Date of Priority: (Only one per claim) January 14, 1913
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 47N, Range 3W, Section 28,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 47N03W-28-8600

Additional points of diversion if any: _____

If available, GPS coordinates: Well at 47 23' 19.20"N / 116 42' 52.08"W

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.
New well & Pump 1957. Service extended 5/12/2005 to supply home @31825 S. Indian Mt. Rd.

Est. well depth 160 ft. No changes made to well or pump capacity since original construction.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from 01-1 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: Two Homes are being served from this well, 31789 and

31825 S. Indian Mountain Road (Parcel 47N03W28-9500). No livestock .

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9. Location of Place of Use is: Township 47N, Range 3W, Section 28,
SE 1/4 of SE 1/4, Govt. Lot _____ 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 House at 47N-3W-28 SE1/4 of SE1/4, Pin. 47N0328-9500, Single ownership

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 (✓) 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:

Ivan Sorenson had new well drilled in the late 1950s for domestic water to home on (PIN) 28-8600.

No record or well driller's report found for this well in the database search. See attached Remarks. *photo*

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: 2

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: 9/27/2010

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:

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

Taylor

Identification No. _____

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