

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 SNAKE RIVER BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 39576

Ident. Number 94-8092

Date Received: 10-4-10

Receipt No: N025917

Received By: W

RECEIVED

OCT - 4 2010

IDWR/NORTHERN

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

1. Name of Claimant(s) DONALD D. ANDERSEN Phone ((920) 751-9043)

Mailing Address 584 Hunters Point Rd. Neeah WI Zip 54956
Street or Box City State

2. Date of Priority: (Only one per claim) 7/29/1975
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 48N, Range 02W, Section 2,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM., County of _____;

Parcel (PIN) no. 48N02W28S000

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.

well - 263' Deep, 30 GPM

see Attached well Report And Permit (# 749296)

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

For Domestic purposes from 1/1 ^{Month/Day} to 12/31 ^{Month/Day} 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 - 1 household served

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9. Location of Place of Use is: Township 48N, Range 02W, Section 28.

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) **Domestic** ☒ **Stock** ☐ **Domestic and Stock** ☐ If different than shown in Item 4

Additional places of use, if any _____

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.

None (X)

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 notice in the Snake River Basin Adjudication." (b.) I/We do ☐ wish to receive do not ☒ and pay a small annual fee for monthly copies of the docket sheet

Number of attachments: 3 - Realation Report indicating age of Home, well permit, well Report,

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) Donald W. Andersen Date: 9/25/10
Marilyn J. Andersen Date: 9/25/10

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 _____ Date _____

Address

Last Name _____ **Identification No.** _____

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