

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 94-8153Date Received: 9-29-10Receipt No: N025835Received By: WJ

RECEIVED

SEP 29 2010

IDWR/North

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

- Name of Claimant(s) McDonald Family Trust Phone (208) 682 5153
Mailing Address 18729 S River Rd. Cataldo ID Zip 83810
Street or Box City State
- Date of Priority: (Only one per claim) 12-31-1927
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (X) (a) Spring
which is tributary to (b) Sinks into the ground
- Location of Point of Diversion is: Township 48N, Range 1 West, Section 3
NW 1/4 of NW 1/4, or Govt. Lot 4 BM. County of Kootenai
Parcel (PIN) no. 48N01W03-3200
Additional points of diversion if any: Spring; T48N R03W NE NW G43
If available, GPS coordinates: Parcel 48N01W03-3200
- 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.
2 Springs; 2 Concrete cisterns connected by
pipeline to one home.
- 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 cfs (X) or AFY ()
For Stockwater purposes from 01-01 to 12-31 amount .02
- Total Quantity claimed .04 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) one home

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9. Location of Place of Use is: Township 48N, Range 01W, Section 3,

SW 1/4 of NW 1/4, Govt. Lot 3 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 T48N: R1W: S3 NW NW GL4
T48N: R03W S3 NE NW GL3

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:

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: _____

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) Mary M. McDonald Date: Sept 29 2010

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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SEP 29 2010