Form No. 42-1409-2 (Internet 12/08)

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 94-8352
Date Received: 9-15-11
Receipt No: N028103
Received By: cw

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SEP 15 2011
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) Jerry R. + Priscilla M. Martin Phone (208) 682-4763

   Mailing Address 26881 Cda River Rd (Street or Box) Wallace (City) Id. (State) Zip 83873

2. Date of Priority: (Only one per claim) 10-1-04 earlier well
   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 50N, Range 4E, Section 10,
   NW 1/4 of SE 1/4, or Govt. Lot 5 BM. County of Shoshone;
   Parcel (PIN) no. RP0115000020AA
   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.
   Replaced earlier shallow well D0058135 well completed 6-30-10 connected to 1 home

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
   For Domestic purposes from (Month/Day) _____ to (Month/Day) _____ amount (cfs( ) or AFY( )) _____
   For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) 1 home

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9. Location of Place of Use is: Township 50 N, Range 4 E, Section 10,
NW 1/4 of SE 1/4, Govt. Lot 5 BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) **Domestic** (X) **Stock** ( ) **Domestic and Stock** ( )

Additional places of use, if any _____

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 (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:
Attached is proof of well pump purchased 9-16-04

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: _____

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) Terry R. Martin Date: 9-14-11

Priscilla M Martin Date: 9-14-11

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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