

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 94-8532

Date Received: 10-24-11

Receipt No: N028345

Received By: lm

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

OCT 24 2011

IDWR/NORTHERN

1. Name of Claimant(s) Larry Domingo Phone () No Phone

Mailing Address PO Box 48263 Spokane WA Zip 99228-1263
Street or Box City State

2. Date of Priority: (Only one per claim) 1936 10/24/2011 (See Assessor's) 752-1262
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 50 N, Range 4 E BM, Section 26 + 35,
1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Shoshone;

Parcel (PIN) no. 9/19/2011 RP 50 N 04 E 26 8550A

Additional points of diversion if any: _____

If available, GPS coordinates: Legal Descr. 8550:257603

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
Hand Dug Well with piping to the 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 Jan 1st to Dec 31st 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 for one home.

COANED

OCT 24 2011

Address

380 Eagle Creek Rd.

Eagle C. H.
Pritchard

9. Location of Place of Use is: Township SUN, Range 4E2M, Section 26+30,
#4) 1/4 of 1/4, Govt. Lot BM. Parcel (PIN) no. RP SUNO4E268550A
If different than shown in Item 4

for (Check One) Domestic (✓) 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 (✓)

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 ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet. *LD*

Number of attachments: check (copy + include check)

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) Larry Lehman Date: 10/14/2011

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 _____

[illegible]

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.

SCANNED

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