

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 ~~8679~~
Ident. Number 44-86797635
Date Received: 11-8-11
Receipt No: NO 28534
Received By: W

RECEIVED

NOV - 8 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) SANTINA Branz Phone (208) 752-8783

Mailing Address 3643 Burke Rd, Wallace, Id Zip 83873
Street or Box City State

2. Date of Priority: (Only one per claim) 11/4/2011
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other () (a) Ground Water -
which is tributary to (b) Canyon Creek - 3 miles up the Burke Canyon

4. Location of Point of Diversion is: Township 48N, Range 5W, Section 18

N/E 1/4 of N/W 1/4, or Govt. Lot 8-3 BM. County of Shoshone

Parcel (PIN) no. Gem Townsite, RPO17010080010A

Additional points of diversion if any: Lat 47:30:458

If available, GPS coordinates: Long 115:32:039

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 + Pump — Only use water for
Small lawn & 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 1 to DEC-31 amount 13,000 cfs () or AFY () or Less
For Less than purposes from 13,000 to 13,000 amount 13,000 cfs () or AFY () or Less

7. Total Quantity claimed Less than 13,000 cfs () or AFY () Less than 13,000/day I am 90 years old

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 House & domestic use, small yard.

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9. Location of Place of Use is: Township Gem, Range 5W, Section 18,
N/E 1/4 of N/W 1/4, Govt. Lot 8-3 BM. Parcel (PIN) no. R
If different than shown in Item 4
for (Check One) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any none

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 ☒ 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 D0056328 TAG # for domestic well
Idaho dept of water Resources
issued 9/9/09

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) Santina Branz Date: 11/4/11

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 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 _____ Identification No. _____

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