

**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 94-7371Date Received: 8-5-10Receipt No: N 025356Received By: RECEIVED

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

AUG - 5 2010

For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

IDWR/NORTHERN

1. Name of Claimant(s) DAN ADAMSON & THERESA VINCENT Phone 208 689-9869

Mailing Address 41821 S. Hwy. 3 - ST. MARIES, IDAHO Zip 83861
Street or Box City State

2. Date of Priority: (Only one per claim) 2002
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) SPRING AND A POND
IF IT OVERFLOWED - WHICH IT DOES NOT, IT
which is tributary to (b) WOULD FLOW INTO BLACK CREEK, ON MY PROPERTY.

4. Location of Point of Diversion is: Township _____, Range _____, Section _____
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Kootenai

Parcel (PIN) no. 47N02W-18-9900 SPRINGAdditional points of diversion if any: 47N02W-19-0100, WILD-LIFE-POND

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.

4'x4'x8' -> SPRING BOX with pump - Pipe line to Pump house, then pump-
house to Household & Also pipeline From Pump house to Neighbor

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 0.04
Month/Day Month/Day cfs(X) or AFY ()

For WildLife/POSSIBLE STOCKWATER purposes from JAN. 1 to DEC. 31 amount 0.02
Month/Day Month/Day cfs(X) or AFY ()

7. Total Quantity claimed 0.06 cfs (X) or AFY ()

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

Stockwater and Number of livestock) Domestic - 2 House holds - NO Livestock -
AT THIS TIME. my Neighbor is Don McPeak.

SCANNED

MAR 05 2014

9. Location of Place of Use is: Township _____, Range _____, Section _____
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 47N02W-19-0100
If different than shown in Item 4

for (Check One) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any Neighbor-Don McPeak, HAS 2 HYDRANTS

10. In which county (ies) are lands listed above as place of use located? Kootenai ^{ON INDIAN} RESERVATION
LAND

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.

OCCASIONAL USE BY NEIGHBOR-DON McPEAK 752-4981 or None ()

13. Remarks:

DON SAID HE WOULD DRILL A WELL FOR HIMSELF IN THE
FUTURE, IF HE BUILDS A HOUSE ON HIS PROPERTY.

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: 2

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) Don A. Adamson Date: 8/04/10

Theresa J. Vincent Date: 8/4/10

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 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. _____

SCANNED

MAR 05 2014