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APR 30 2014

Form No.42-1409-1 (Internet 3/12)

Department of Water Resources
Adjudication Bureau

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

ID Number: 95-16775

Date Received: 4-30-14

Receipt No: C098779

Amount: \$50.00 By: BS

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Mark and/or Heather Stein Bowlby Phone 208-640-1439
Mailing address 3009 Fernan Ct. Coeur d'Alene ID 83814
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 1-1-1948
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 49N, Range 3W, Section 3,
NE 1/4 of SE 1/4, or Govt. Lot 5, B.M., County of Kootenai
Parcel (PIN) no. _____
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
Pump and pipeline.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For Irrigation purposes from 3/1 to 11/30 amount 0.06 or _____

For Domestic purposes from 1/1 to 12/31 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.06 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): Back up use for 1 home.

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	3W	3													1				1

Parcel (PIN) no(s). 49N03W037525

Total number of acres irrigated 1

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 (x) No ()

If your 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.

Well on neighboring parcel provides irrigation and/or domestic use. or None ()

13. Remarks:

This shallow well is used as a back-up water supply for domestic and/or irrigation use on the place of use listed above. The shallow well is shared with the neighbor and has been used by agreement since the 1948.

Last name Bowlby Identification no. _____

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 () 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) Walter Stein Bowlby Date: 3/10/14
_____ 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 foregoing document are true and correct.

Signature of authorized agent _____ Date _____

Title and organization _____

16. Notice of appearance:

Notice is hereby given that I, Candice M. McHugh, 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 Candice M. McHugh Date 4-30-14

Address 380 S. 4th. St., Ste. 103

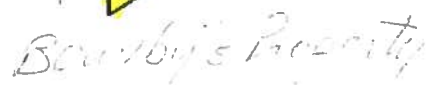
Boise, ID 83702

Last name Bowlby Identification no. _____

143.50
7830
0.256 AC 50
81.09 48.55
Z 178.00
#13436
EX TAX #

Moscow Bay

001-002-0 234.47
0.187 AC
001-001-0 195.87
243.40
Eme



#1454

Wm Lloyd Garrison
Wm Lloyd Garrison