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AUG 20 2014

Form No. 42-1409-2 (Internet 3/12)

IDWR / NORTH

**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: 91-7796

Date Received: 8-20-2014

Receipt No: N030693

Amount: 25.00 By: HW

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**

Please type or print clearly

1. Name of claimant(s) Pick or Debbie Farrell Phone 208-245-2777
Mailing address 1929 Jefferson St. Marler ID ZIP 83861
Street or Box City State
2. Date of priority (only one (1) per claim) 5/1964
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) Spring
which is tributary to (b) charlie creek
4. Location of point of diversion is: Township 45N, Range 2E, Section 4,
NE 1/4 of NW6 1/4, or Govt. Lot 6, B.M., County of Shoshone
Parcel (PIN) no. 45no2E040800 A
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.
tank pipeline to shop hand washing, wash cars in home shop and 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 _____ purposes from 1/1/ to 12/31 amount 0.02 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.02 cfs (x) or AFY ()
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): _____

9. Location of place of use is: Township 45, Range 2E, Section 4, NE 1/4 of NW 1/4,
or Govt. Lot 6, B.M., 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 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.
_____ or None ()

13. Remarks:

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) Debbie Farrell Date: 8-20-14
Debbie Farrell Date: 8-20-14

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 _____
