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**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: 91-7832

Date Received: 10-30-2014

Receipt No: N030918

Amount: \$ 25 By: Sum

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

RECEIVED

OCT 31 2014

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) GINA MC DOLE AND JAMES B. MC DOLE Phone (208) 245.4206
Mailing address 349 RAGAN DRIVE ST MARIES ID ZIP 83861
Street or Box City State
2. Date of priority (only one (1) per claim) 03-17-1899
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) ST JOE RIVER
which is tributary to (b) COEUR D ALENE LAKE
4. a. Location of point of diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
Parcel (PIN) no. RP46N01W220600A
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township 46N, Range 01W,
Section 22, NE 1/4 of NE 1/4, or Govt. Lot 2, B.M., County of BENEWAH
ending point is: Township 46N, Range 01W, Section 22, NW 1/4 of NE 1/4 or
Govt. Lot 2, B.M., County of BENEWAH
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.
LIVESTOCK DRINK DIRECTLY FROM THE BANK OF THE ST JOE RIVER IN PARCEL RP46N01W220600A
AS IT PASSES BY OUR PROPERTY.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For IN STREAM STOCKWATER purposes from 01-01 to 12-31 amount .02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .02 (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.): 50 HEAD MIXED STOCK

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.

[illegible]

Parcel (PIN) no(s). RP46N01W220600A

Total number of acres irrigated

10. In which county(ies) are lands listed above as place of use located? **BENEWAH**

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 (x)

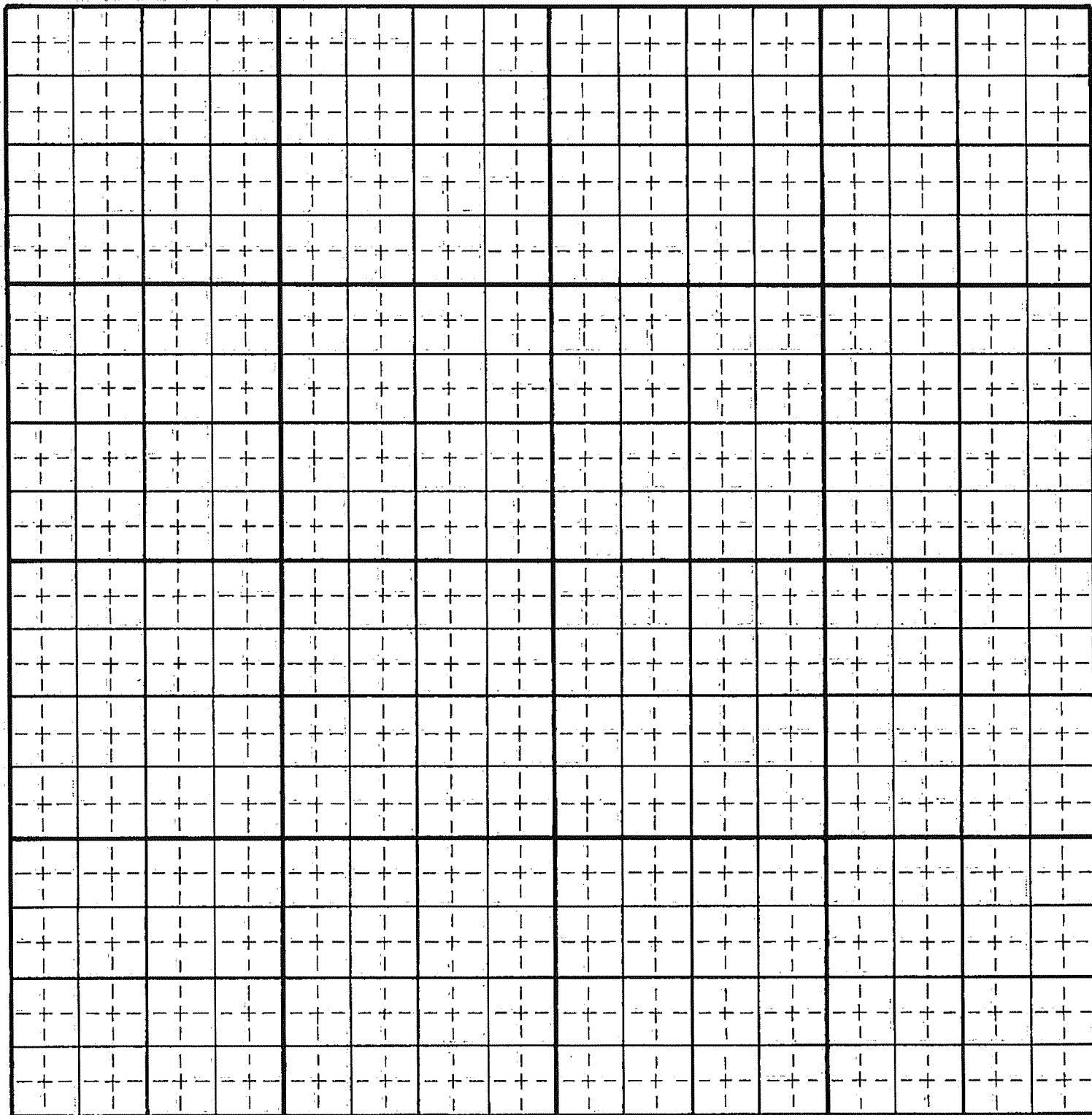
13. Remarks:

PLACE OF USE .RP46N01W221000A

Last name MC DOLE Identification no.

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Last name MC DOLE 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 (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) James B. Mc Dole Date: 10-30-14
Laura A. Mc Dole Date: 10-30-14

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 _____

Last name MC DOLE Identification no. _____