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

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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: 92-10486

Date Received: 11-24-14

Receipt No: T093380

Amount: \$59.00 By: online

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

Please type or print clearly

1. Name of claimant(s) BUDDY CARTER Phone 208-245-1461
Mailing address PO BOX 383 FERNWOOD ID 83830
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 12/31/1924
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) HATTON CREEK, SPRING
which is tributary to (b) ST MARIES RIVER, HATTON CREEK
4. a. Location of point of diversion is: Township 43N, Range 01E, Section 9,
SW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of BENEWAH
Parcel (PIN) no. RP43N01E095500A CREEK, RP43N01E094301A SPRING
Additional points of diversion if any: 43N01E09SENW
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.
INSTREAM POND WITH PUMP IN POND AND GRAVITY FLOW SPRING INTO CYSTERN

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NOV 24 2014

NOV 24 2014

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

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(acre-feet)

For DOMESTIC purposes from 1/1 to 12/31 amount 0.08 or _____

For STOCKWATER purposes from 1/1 to 12/31 amount 0.04 or _____

For IRRIGATION purposes from 3/15 to 11/1 amount 0.09 or _____

For STOCK/IRR STORAGE purposes from 1/1 to 12/31 amount _____ or 13

7. Total quantity claimed (a) 0.09 (cfs) and/or (b) 13 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): DOMESTIC 2 HOMES 60 HEAD MIXED STOCK INSTREAM POND

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. 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	
43N	01E	9							2.2				.5						3
									S										
									D										
									IS										
									SS										

Parcel (PIN) no(s). SAME

Total number of acres irrigated 3

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:

Last name _____ Identification no. _____

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Decree ()

14. Basis of claim (check one) Beneficial Use (x) Posted Notice () License () Permit ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 92-10486

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) Buddy Carter Date: 11/24/14

Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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 _____

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Last name _____ Identification no. _____