

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 95-11683

Date Received: 6-17-09

Receipt No: 2020945

Received By: cm

RECEIVED

JUN 17 2009

IDWR/North

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

1. Name of Claimant(s) CURTIS A. & MARYLEE C. BOLAND Phone (208) 689-3561
808 395-0375

Mailing Address 20304 E. CANARY CREEK RD. CATALDO, ID Zip 83810
Street or Box City State

2. Date of Priority: (Only one per claim) 05/01/1961 - SEE ATTACHMENTS
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) DEEP GROUND WATER WELL
REPLACED SURFACE SPRING WATER WELL FOR WHICH SPECIAL USE PERMITS
which is tributary to (b) WERE OBTAINED FROM THE NATIONAL FOREST SERVICE BECAUSE
PIPELINE EXTENDED ACROSS 150' OF NATIONAL FOREST LAND, STATE OF IDAHO,
DEPARTMENT OF LANDS, ACQUIRED SUCH NATIONAL FOREST LAND ON 12/28/87.

4. Location of Point of Diversion is: Township 48 N, Range 02 W, Section 25,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 48N02W257300

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.

WELL TOTAL DEPTH 252 FEET; CASING 8"; CASING & GROUTED
TO 50'; OPEN HOLE 8" FROM 50' TO 175'; OPEN HOLE 6" FROM 175' TO 252'.
CONSTRUCTED IN 1975.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs(X) or AFY ()

For STOCK WATER purposes from 01/01 to 12/31 amount 0.02 cfs(X) or AFY ()

7. Total Quantity claimed 0.04 0.02 mcb ~~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: HOUSEHOLD OF 2 PEOPLE.

LIVESTOCK OF 2 HORSES.

SCANNED SCANNED

MAY 04 2015

JUN 17 2009

9. Location of Place of Use is: Township 48N, Range 02W, Section 25,

SE 1/4 of NE 1/4, Govt. Lot _____ BM. 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? KOOTENAI

11. Do you own the property listed above as place of use? Yes (X) 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.

SEE ATTACHED DOCUMENTS

or None ()

13. Remarks: OTHER ADDRESS FOR CLAIMANTS:

126 LUMAHAI ST., HONOLULU, HI 96825

SEE ATTACHED DOCUMENTS

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: 6

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) Curtis A. Boland

Date: 06/05/09

Margaret C. Boland

Date: 06/05/09

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

MAY 04 2015 JUN 17 2009