

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 95-10335Date Received: 4-7-09Receipt No: NO 20239Received By: cm

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) George W. Helms Phone (208) 683-3784Mailing Address 29855 N. Good Hope Rd. Athol ID Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 7-16-93
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other ☒ (a) WELL ON MY PROPERTY
which is tributary to (b) NA.4. Location of Point of Diversion is: Township 53N, Range 02W, Section 18,
SE 1/4 of NE 1/4, or Govt. Lot ? BM. County of KOOTENAIParcel (PIN) no. 53N-2W-18-1900Additional points of diversion if any: NA.If available, GPS coordinates: NA.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.ONE WELL 495' deep, 3 h.p. pump Static water level
360'. Well discharge GPM 20+

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

For Domestic use purposes from 1-1 to 12-31 amount .05 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .05 cfs (☒) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) With my income a large garden
will be required.

SCANNED

APR - 7 2009

9. Location of Place of Use is: Township 53N, Range 2W, Section 18,

SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 53N-2W-18-1900
If different than shown in Item 4

for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any NONE

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 (☒) 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.

None or None ()

13. Remarks: This year I'll need a garden.

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License () Permit (☒) Decree ()
Drilling Permit 96-93-N-152

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: 0

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) [Signature] Date: 3-28-09

[Signature] Date: 3/31/09

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 _____ Date _____

Address _____

Last Name Helm Identification No. _____

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