

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

Date Received:

Receipt No:

Received By:

RECEIVED

APR 01 2010

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

IDWR / NORTH

1. Name of Claimant(s) Paul & Susan Finney Phone (208) 689-9816Mailing Address 17025 S. Asbury Rd. Harrison Id. Zip 83833
Street or Box City State2. Date of Priority: (Only one per claim) 11-14-1988 on the main well
Month/Day/Year (YYYY) probably around 1910 for the spring3. Source of water supply (Check one) Ground Water for the well) or Other ☒ (a) Spring for the original
which is tributary to (b) hand dug well.4. Location of Point of Diversion is: Township 48N, Range 3W, Section 8,
NW 1/4 of SW 1/4, or Govt. Lot 4 BM. County of _____Parcel (PIN) no. 48N03W083400Additional points of diversion if any: 48N 3W 7 NENE 1If available, GPS coordinates: 17025 S. Asbury Rd. Harrison Id. 83833

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, 300 feet deep, 8" diameter, 1.5 hp. Pump submersible.Spring hand dug, concrete cistern, 3/4 hp. pump, used to supplement main well, both feed the

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

well - For Domestic purposes from Jan 1 to Dec 31 amount 3.5 cfs Two housesSpring - For Domestic & Stockwater purposes from Jan 1 to Dec 31 amount 0.02 cfs7. Total Quantity claimed 1 cfs () or AFY ☒

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

Stockwater and Number of livestock) This Well serves my home and asmall guest house on our property, with the original spring
supplying an additional small amount of needed water.SCANNED SCANNED
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9. Location of Place of Use is: Township 48N, Range 3W, Section 8.

NW 1/4 of NW 1/4, Govt. Lot 4 BM. Parcel (PIN) no. 48N03W083400

If different than shown in Item 4

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

Additional places of use, if any 48N 3W 7 NENE 1

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.

We use the well and the original hand dug well, both or None ()

13. Remarks: for household and stockwater use.

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License () Permit ☒ Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number Permit # 95-88-N-105 - for the well

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: _____

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) Paul Tinney Date: 3-15-2010

Susan Tinney Date: 3-15-10

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 _____ Identification No. _____

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