

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: 95-17132

Date Received: 1-26-16

Receipt No: N031708

Amount: 23.00 By: NS

RECEIVED

JAN 26 2016

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

Please type or print clearly

1. Name of claimant(s) ROBERT TURNIPSEED Phone 208-655-9200  
Mailing address PO BOX 971 HAYDEN ID 83835  
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 12-31-1965  
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_
4. Location of point of diversion is: Township 51N, Range 04W, Section 3,  
NW 1/4 of NW 1/4, or Govt. Lot 4, B.M., County of KOOTENAI  
Parcel (PIN) no. \_\_\_\_\_  
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 WITH PIPING TO HOME
6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)  
For DOMESTIC purposes from 1/1 to 12/31 amount 0.04  
Month/Day Month/Day cfs (x) AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
7. Total quantity claimed 0.04 cfs (x) or AFY ( )
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): Domestic for 1 home

9. Location of place of use is: Township 51N, Range 04W, Section 3, NW 1/4 of NW 1/4,  
or Govt. Lot 4, B.M., Parcel (PIN) no. (if different than shown in Item 4) SAME

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 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 ( )

13. Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

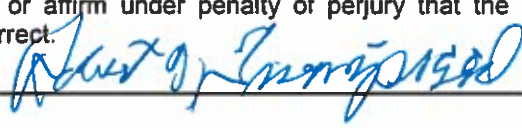
14. Basis of claim (check one) Beneficial Use (x) Posted Notice ( ) License ( ) Permit ( ) Decree ( )  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_  
If applicable, provide IDWR water right number \_\_\_\_\_

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)  Date: 1-26-16  
\_\_\_\_\_  
Date: \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_