

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  
RECEIVED

CIVIL CASE NUMBER: 49576

Ident. Number 95-15547

Date Received: 7-22-11

Receipt No: 1027869

Received By: Steading

JUL 22 2011

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) DAVID MICHAEL WOOD Phone 208 623-5085

Mailing Address PO Box 752 Spirit Lake ID Zip 83869  
Street or Box City State

2. Date of Priority: (Only one per claim) November 12 1993  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ( ) or Other (X) (a) Well  
which is tributary to (b) \_\_\_\_\_

4. Location of Point of Diversion is: Township 54N, Range 04W, Section 29 NWSE  
\_\_\_\_\_  
1/4 of \_\_\_\_\_ 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Bonner;  
Parcel (PIN) no. RP54N04W292955A

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 11-6-93 Hester well drilling  
500 ft deep no alterations

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 ( ) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 0.04 cfs ( ) or AFY ( )

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

Stockwater and Number of livestock) \_\_\_\_\_

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9. Location of Place of Use is: Township 54N, Range 04W, Section 29NWSE  
\_\_\_\_ 1/4 of \_\_\_\_ 1/4, Govt. Lot \_\_\_\_ BM. Parcel (PIN) no. SAME AS #4  
for (Check One) Domestic ☒ Stock ( ) Domestic and Stock ( )  
If different than shown in Item 4

Additional places of use, if any \_\_\_\_\_

10. In which county (ies) are lands listed above as place of use located? Bonner

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.

\_\_\_\_\_ or None ☒

13. Remarks:

photo included with well  
location marked

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 \_\_\_\_\_

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: 1

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) Mike Wood Date: 7-1-11

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

Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

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