

# 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 45-16337Date Received: 11-15-11Receipt No: N028574Received By: im

## 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

RECEIVED

NOV 15 2011

IDWR/NORTHERN

1. Name of Claimant(s) Shane and Kathryn Campbell Phone (208) 437-0975Mailing Address P.O. Box 14 Blondhair ID Zip 83804  
Street or Box City State2. Date of Priority: (Only one per claim) 03/04/2004  
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other ( ) (a) Well  
which is tributary to (b) \_\_\_\_\_4. Location of Point of Diversion is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_  
\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, or Govt. Lot \_\_\_\_\_ BM. County of \_\_\_\_\_Parcel (PIN) no. RP54N05W304660A

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.

Drilled Well - March 14th 2004 - First Use

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 Stockwater purposes from 01/01 to 12/31 amount 0.027. Total Quantity claimed .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: 1 home; stockwater, 4 head horsesSCANNED  
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9. Location of Place of Use is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_,  
\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. Same  
If different than shown in Item 4  
for (Check One) Domestic ( ) Stock ( ) Domestic and Stock ☒

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:

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 807685

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) \_\_\_\_\_ Date: 11/10/11

John Campbell

Date: 11-10-2011

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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