

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 95-10887Date Received: 7-27-09Receipt No: 11021516Received By: cm

RECEIVED

JUL 17 2009

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

1. Name of Claimant(s) Edward & Mary Dollard Phone (208) 773-0674Mailing Address E 1619 Tall Timber Ln Post Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) Ed 12/31/1957
12/18/2009 EAD
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 54N, Range 2W, Section 34,
N.E 1/4 of SW 1/4, or Govt. Lot 3 BM. County of Kootenai;
Parcel (PIN) no. B0999-020-003-B

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.

1 well - no changes 100' depth NO WRITTEN RECORDS
AVAILABLE and one Pressure TANK

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 .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) Domestic - 1 household

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9. Location of Place of Use is: Township Edinboro 54 N, Range 2 W, Section 34,
N.E. 1/4 of SW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. _____
for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐ If different than shown in Item 4

Additional places of use, if any Edinboro E2-LT 3, 4 Lot 5 Block 20 B-0999-020-003
10. In which county (ies) are lands listed above as place of use located? Kootenai A

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 _____

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) E. J. Steward Date: 7-13-09
X Mary Ballard 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 _____
Address _____
Date _____
Last Name _____ Identification No. _____

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