

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

MAR 29 2017

IDWR/NORTHERN

**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

CIVIL CASE NUMBER: 49576

ID Number: 95-17289

Date Received: 3-29-2017

Receipt No: N032468

Amount: 101.00 By: AW

Please type or print clearly

CELL#559-994-5265

1. Name of claimant(s) DANIEL JAMES MYELMOYK Phone 559-686-6511

Mailing address 1632 N. Gem St TULARE CA. ZIP 93274
Street or Box City State

2. Date of priority (only one (1) per claim) 8-6-1965
Month Day Year (yyyy)

3. Source of water supply (check one) Ground Water () or Other (X) (a) UNAME STREAM SPRING
which is tributary to (b) Kidd Creek

4. a. Location of point of diversion is: Township 50 N, Range 04 W, Section 34,
NE 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of _____

Parcel (PIN) no. 50N04W344700

Additional points of diversion if any: _____

If available, GPS coordinates: _____

b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,

Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____

ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or

Govt. Lot _____, B.M., County of _____

5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

Dug POND APP 1 ACRE X 20 FT Deep

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)
For WILD LIFE purposes from 1-1 to 12-31 amount _____ or 1.4 Acre Ft.
For WILD LIFE STORAGE purposes from 1-1 to 12-31 amount _____ or 1.4
For WILD LIFE FROM STORAGE purposes from 1-1 to 12-31 amount _____ or 1.4
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 1.4 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): WILD LIFE

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>50N4W</u>	<u>B4</u>										<u>W</u>								
											<u>WS</u>								
											<u>WFS</u>								

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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 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.

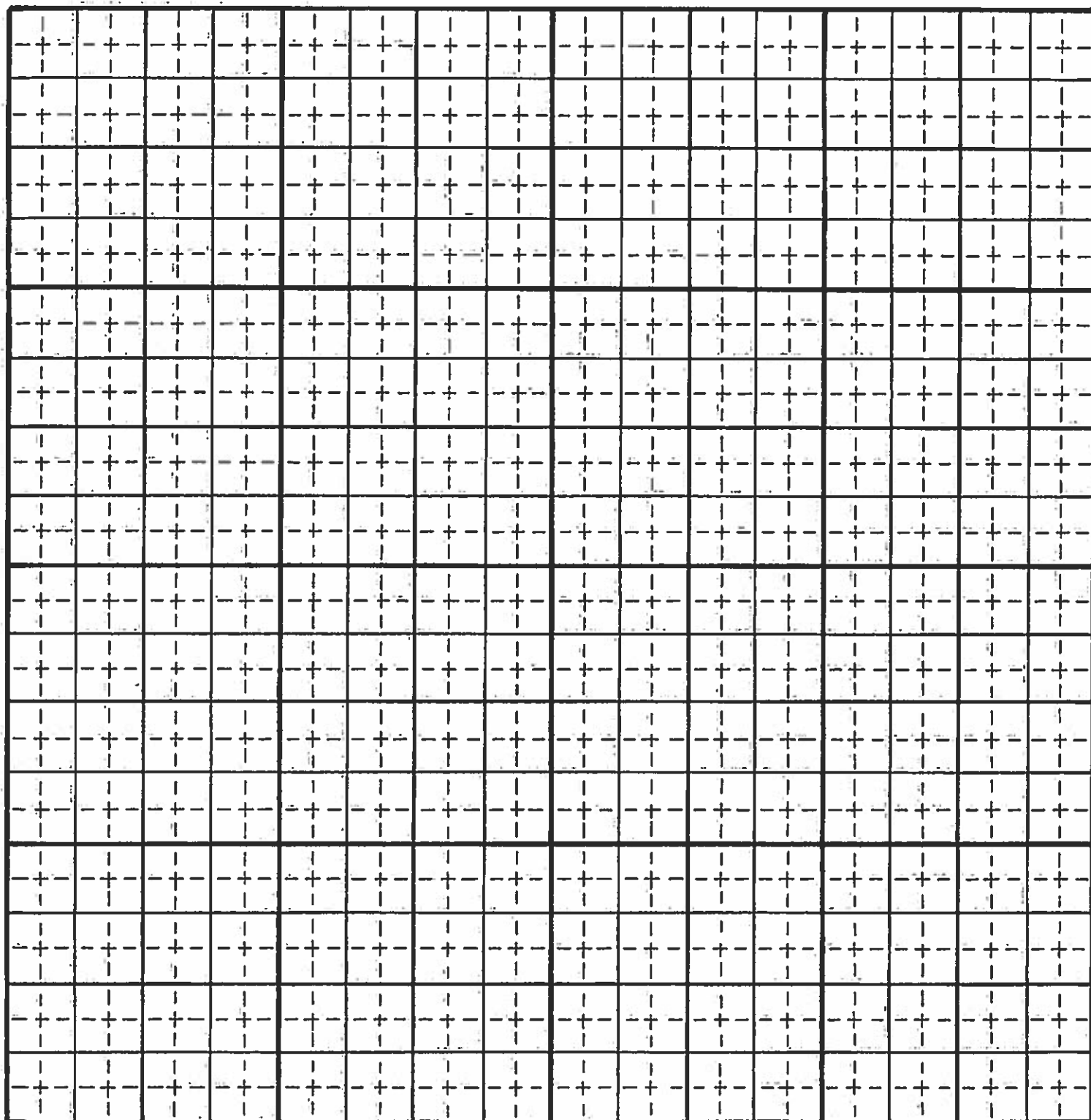
_____ or None ☒

13. Remarks:

Last name _____ Identification no. _____

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Last name _____ Identification no. _____

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: 2

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) Daniel James McElroy Date: 3-29-17

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 _____ Date _____

Address _____

Last name _____ Identification no. _____



8-6-1965

REC'D
FEB 11 1966

A

2/3

Carter



4852
3058

27.8

2308

278

L. Wildman

T 50N R 40 Sec 34
NW 50