

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

Date Received:

Receipt No:

Received By:

95-10960

7/31/2009

N021581

Jm

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

- Name of Claimant(s) Theodore Shane Vrevich and/or KV Kara J. Vrevich, husband and wife Phone (208) 664-4045
Mailing Address 1231 South Academy Court, Coeur d'Alene, ID Zip 83814
Street or Box City State
- Date of Priority: (Only one per claim) 02/09/1996 1991
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion: Township 50N, Range 04W, Section 20 19 KV
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai
Parcel (PIN) no. 3750 50N04W-20-3750
Additional points of diversion if any: N/A
If available, GPS coordinates: _____
- 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. 95-88-Z-03 well completed 1987 to 600 feet
connected to 2 1500 gal. storage tanks
- 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 _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.04 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) Single family domestic consumption with
no lawn irrigation and minimal external use.

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9. Location of Place of Use is: Township 50N, Range 04W, Section 26 19,
SE 1/4 of SWNE 1/4, Govt. Lot BM. Parcel (PIN) no. 3750 KV
for (Check One) Domestic (X) 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? Kootenai

11. Do you own the property listed above as place of use? Yes (X) 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 (X)

13. Remarks: Previous well drilled abandoned 95-88-2-03
never connected to home.

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: none KV

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) [Signature] Date: 07/21/09

[Signature] Date: 07/21/09

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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