

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 95-11635Date Received: 6/23/9Receipt No: NP21008Received By: 16

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) BRUCE and/or Kathy Anderson Phone (208) 765 3651Mailing Address S. 17132 FRANCIS FAIR, Worley, Idaho ZIP 83876
Street or Box City State2. Date of Priority (Only one (1) per claim) 7-11-90 / July 11, 1990
Month Day Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 48, Range 5W, Section 9,
N¹/₂, 1/4 of NW, 1/4 Govt. Lot 300, BM., County of Kootenai

Parcel (PIN) no. _____

Additional points of diversion if any: NW SW 48N 5W 9

If available, GPS Coordinates _____

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

Township 4, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

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

Govt. Lot _____, BM., 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. Well, 6" Casing "steel" from 1' to 120'200' PVC - 20' to 200' Installed 7-11-90 H2O well
service "Received August 2, 1990 Dept of Water
Resources"

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JUN 22 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic Household purposes from January 1 to December 31 amount .02 or .017825

For Irrigation purposes from Jan 1 to Dec 31 amount .02 or .017825

For Stock water purposes from Jan 1 to Dec 31 amount .002 or .00017825

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .02 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 1 Household 5 Head of Horse & cattle

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 (example: 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	
48	5	9																	20
48	5	9																	2
48	5	9																	

Parcel (PIN) no(s) _____

Total number of acres irrigated 2

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 (X)

Remarks: 2nd well
Have original well Installed with Property From
FRED & CAROL Zuber 4 gal per minute "dirty water" used
for garden occasionally during summer months. Not suitable
for household use. Point of diversion is our house crawl
area, where pressure tanks & electrical source's are located

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Last Name Anderson

Identification No. _____

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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 (X) 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) Bruce A. Anderson Date: 6-22-09

Kathy Anderson Date: 6-22-09

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 _____ Date _____

Address _____

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JUN 22 2009

Last Name ANDERSON Identification No. _____