

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 95-15162Date Received: 5-19-11Receipt No: AD 27202Received By: un

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

MAY 19 2011

IDWR/NORTHERN

1. Name of Claimant(s) Stephen R. Herling Phone (208) 664-8181Mailing Address PO Box 3586 Post Falls ID Zip 83877
Street or Box City State2. Date of Priority: (Only one per claim) 08/03/1974
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 50N, Range 04W, Section 08,
1/4 of _____ 1/4, or Govt. Lot 04 BM. County of KootenaiParcel (PIN) no. 50N04W080251

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.

Well Permit No. 750905: construction date of 08/03/1974; casing (steel); static water level (125'); diameter (6.25"); total depth (183').

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 .04 cfs(✓) or AFY()For irrigation (lawn/garden < 1/2 ac.) _____ purposes from 01/01 to 12/31 amount .047. 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 and limited Irrigation (lawn/garden < 1/2 ac.) use in the totalamount of less than .04 cfs/day for one household of single ownership.

SCANNED

MAY 19 2011

9. Location of Place of Use is: Township 50N, Range 04W, Section 08,
_____ 1/4 of _____ 1/4, Govt. Lot 04 BM. Parcel (PIN) no. 50N04W080350
_____ If different than shown in Item 4
for (Check One) Domestic (☒) Stock (☐) Domestic and Stock (☐)
Additional places of use, if any 50N04W080210

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 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.
Water Right No. 95-823 of PIN 50N04W080350 for irrigational use from Spokane River or None (☐)

13. Remarks:
Attachments: IDWR Driller's Report of Well Permit No. 750905; Kootenai Assessor's report & map of the
above PINs; and IDWR record of Water Right No. 95-8230, listed as Exhibits "A"- "E," respectively.

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: 5

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: _____
_____ 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, MARIA MARGARET BALTINS, 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 Maria M. Baltins, WSBA No. 43314 Date MAY 18 2011

Address LAW OFFICE OF MARIA BALTINS, P.S., 7 S. HOWARD ST., SUITE 270, SPOKANE, WA 99201

Last Name _____ Identification No. _____

SCANNED
MAY 19 2011