

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 95-12259Date Received: 3-29-10Receipt No: N 023916Received By: um

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

MAR 19 2010

IDWR/North

1. Name of Claimant(s) EUGENE R. NILES Phone 760 789 7443
Ruby A Niles
Mailing Address 966 Schoolhouse Rd. Ramona CA Zip 92065
Street or Box City State

2. Date of Priority: (Only one per claim) 3-12-10
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 51N, Range 3W, Section 12
SE 1/4 of SW 1/4, or Govt. Lot 18 BM. County of Kootenai
Parcel (PIN) no. 042000000184

Additional points of diversion if any: 49N 6W 36 OR Govt lot 3, Kootenai

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 on neighboring lot 15 (Fred Miller) with pipes & pump
at well house. Well drilled approximately 2003. It is for a
cabin and is used only July, August & Sept in summers/

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic - cabin only purposes from 6-15 to 9-15 amount 1200 gals cfs () or AFY ()

For no animals purposes from _____ to _____ amount _____

7. Total Quantity claimed 1200 Gal for summer cfs () or AFY () [Oct 15 - 20 gal/day]

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic 1 house hold, no stock animals

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9. Location of Place of Use is: Township 51 N, Range 3 W, Section 12,
SE 1/4 of SW 1/4, Govt. Lot 15 BM. Parcel (PIN) no. OK200060018A
If different than shown in Item 4

for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐

Additional places of use, if any none

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.

none 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) Eugene B. Miles Date: 3-12-10

Ruby A. Miles Date: 3-12-10

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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