

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 95-15583Date Received: 8-15-11Receipt No: 1028459Received By: W

RECEIVED

AUG 15 2011

IDWR/NORTHERN

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

1. Name of Claimant(s) Mike DAVIS/MCNARY^{my mom} Phone 208 437-0184Mailing Address PO Box 173 Blanchard ID Zip 83804
Street or Box City State2. Date of Priority: (Only one per claim) 7-11-1994
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) Well - 8-12-1994
which is tributary to (b) #95, Coeur d'Alene-Spokane River Basin water system4. Location of Point of Diversion is: Township 54, Range 5, Section 15,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of BonnerParcel (PIN) no. RP 54N05W 15300A well is on this parcel water piped toAdditional points of diversion if any: RP 54N05W 15300A and RP 54N05W 153200A

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 Piped to 2 Homes

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

For _____ ☒ purposes from 12-31 ^{Month/Day} 12-31 ^{Month/Day} amount 0.06 ^{cfs} or AFY ()For _____ purposes from 1-1 ^{Month/Day} to 12-31 ^{Month/Day} amount _____7. Total Quantity claimed 0.06 cfs () or AFY ()

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

Stockwater and Number of livestock) 2 Households same ownerSCANNED
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9. Location of Place of Use is: Township 54, Range 5, Section 15,
NE 1/4 of N 1/2 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RP 54N05W153000A and

for (Check One) Domestic (☒) Stock () Domestic and Stock (☒) RP 54N05W153200A
If different than shown in Item 4

Additional places of use, if any 54N05W000A - 54N05W153150A

10. In which county (ies) are lands listed above as place of use located? Banner

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.

Spring's Spring Box Piped to Houses or None ()

13. Remarks: Spring's License # 96-08707 issued 12-20-1994

14. Basis of Claim (Check One) Beneficial Use (X) Posted Notice (X) 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: 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) Mike Davis Date: 7-7-2011

Sue Davis Date: 7-7-11

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 _____

Last Name _____ Identification No. _____

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