

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 95-13742
Date Received: 8/31/9
Receipt No: NO21938
Received By: Ker

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) Reuben Rodelh-Jane Velick Phone (28) 659-7124

Mailing Address 18085 W. Atlas Rd Rathdrum Id Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) Dec 31-95
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 52, Range 24, Section 21,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of _____

Parcel (PIN) no. 52N04W217720

Additional points of diversion if any: AIN 129.560

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.

Shared well with Don Royce
Not sure when well was drilled But May 1994

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

For Personal purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
to _____ amount .06
For Live Stock purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
to _____ amount .06

7. Total Quantity claimed _____ cfs () or AFY ()

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

Stockwater and Number of livestock) Some sports

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9. Location of Place of Use is: Township 52, Range 4, Section 21,
NE 1/4 of B.E 1/4, Govt. Lot 80 BM. Parcel (PIN) no. 52 N04W217720
for (Check One) Domestic (☒) 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 (☒) 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 ()

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) Reuben Rodell by Date: _____
Jane Velichka 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, _____, 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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