

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 95-15209Date Received: 9-14-10Receipt No: 11025645BReceived 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

1. Name of Claimant(s) ANITA S. BELL Phone (509) 928-5957Mailing Address 14008 E DESMET SPOKANE VALLEY WA Zip 99216-
Street or Box City State 19252. Date of Priority: (Only one per claim) JUNE 17, 1955
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) SPRING OR UNDERGROUND
which is tributary to (b) SINKS ?
STREAM4. Location of Point of Diversion is: Township 48, Range 5 WBM, Section 25, LOT 1
1/4 of 1/4, or Govt. Lot 1 BM. County of KOOTENAIParcel (PIN) no. 08640000001AAdditional points of diversion if any: LAKU PUMP ON MY PROPERTY, SEE OTHER FORM

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 60 feet deep WITH A 6 INCH CASING, 1/2 HP MOTOR &
PUMP WITH CAPACITY OF 2 GAL/MIN. 20 GALLON TANK

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

For DOMESTIC purposes from 4/1 to 10-31 amount 0.04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (X) or AFY ()

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

Stockwater and Number of livestock) DOMESTIC, ONE HOUSEHOLDSCANNED
SEP 14 2010

9. Location of Place of Use is: Township 48N, Range 5WBM, Section 25, Lot 1
_____ 1/4 of _____ 1/4, Govt. Lot 1 BM. Parcel (PIN) no. 08640000001B
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.

LAKE PUMP WHICH SUPPLIES MOST OF WATER or None ()

13. Remarks:

LAKE PUMP IS USED MOST OF TIME. WELL ONLY AT BEGINNING OF SEASON OR IF LAKE SYSTEM NEEDS REPAIRS

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: 1

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) Quita S. Bell Date: 9/13/2010

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title _____ of _____ Organization _____

that I have signed the foregoing document in the space below as

Title _____ of _____ 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 BELL Identification No. _____

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SEP 14 2010

The property address is 21458 S. FOUR ECHOES, Rd,
Worley ID 83876

Local phone 208-664-6295

ANITA BELL
cell 509 999-8976

SCANNED

SEP 14 2010