

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

RECEIVED
JUL 14 2011

IDWR / NORTH

CIVIL CASE NUMBER: 49576

Ident. Number 95-15187

Date Received: 5-25-11

Receipt No: N027286

Received By: mm

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 25 2011

IDWR/NORTHERN

1. Name of Claimant(s) Jerry + Judy Logan Phone 509 283-2270

Mailing Address P.O. Box 81 Fairfield WA Zip 99012
Street or Box City State

2. Date of Priority: (Only one per claim) 5/1/1967
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Hidden Lake
which is tributary to (b) the St. Joe River

4. Location of Point of Diversion is: Township 47 North Range 3-West Section 31
1/4 of 1/4, or Govt. Lot _____ BM. County of Beneviah

Parcel (PIN) no. LP-201010 A

Additional points of diversion if any: _____

If available, GPS coordinates: 47° 22' 48.45" North 116° 45' 40.70" West

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.

Pump

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

For domestic purposes from Jan 1 to Dec 31 amount .02 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .02 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 Water, Vacation Cabin

one household served, single ownership

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JUL 1 2011
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MAY 25 2011

9. Location of Place of Use is: Township 47 North, Range 3 West, Section 31

1/4 of 1/4, Govt. Lot BM. Parcel (PIN) no. LP-201010 4

If different than shown in Item 4

for (Check One) Domestic (X) Stock () Domestic and Stock ()

Additional places of use, if any

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

11. Do you own the property listed above as place of use? Yes () No (X) *Own Cabin - Rent Location from*
If the answer is No, describe in Remarks below the authority you have to claim this water right. *Heyburn State Park.*

12. Describe any other water rights used at the same place and for the same purposes as described above.

or None (X)

13. Remarks:

Remarks: We use only 5 to 10 gallons per day on weekends when we are at the cabin.

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) Jelly Lagan Date: 5/23/11

Date: 5/23/11

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 forgoing 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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JUL 18 2011
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MAY 25 2011