

RECEIVED

FEB 22 2018

Form No. 42-1409-2 (Internet 5/17)

IDWR / NORTH

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

Claim ID: 95-17448

Date Received: 2-22-2018

Receipt No: N033163

Claim Fee: \$25.00 By: JD

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

Please type or print clearly

1. Name of claimant(s) DENNIS AND/OR SHERRIE AKERS Phone (208) 819-0298
Mailing address 3003 S MILLSAP LP POST FALLS ID Zip 83854
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) 12/31/1982 (Explain priority date selected in Remarks)
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 50N, Range 06W, Section 24,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 50N06W242325
Additional points of diversion, if any: _____
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 WITH PIPELINE TO PLACE OF USE
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
STOCKWATER USE FOR UP TO 10 HEAD MIXED STOCK

9. Location of place of use is: Township 50N, Range 06W, Section 24,
SE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME
If different than shown in Item 4
for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()

Additional places of use, if any _____

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

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 (include an explanation of the priority date selected):
YEAR BUILT AS PER KOOTENAI COUNTY RECORDS

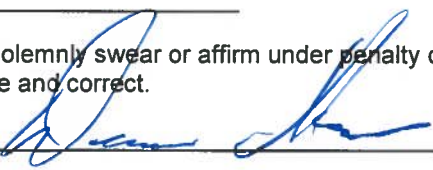
14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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 Water System 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)  Date: 2-22-18

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) _____ of _____
Name of organization (Please print) _____
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____

Name of claimant(s) DENNIS AND/OR SHERRIE AKERS Claim ID _____

Identify

Identify from:

Taxlots

Taxlots

AKERS, DENNIS L

Location:

2,272,999.203 1,833,856.708 Meters

Field	Value
ID	8581436
UPDATED	10/18/2017
PIN	50N06W242325
OWNER	AKERS, DENNIS L
ADDRESS1	3303 S MILLSAP LOOP
ADDRESS2	<null>
CITY	POST FALLS
STATE	ID
ZIPCODE	83854
P_ADDRESS	3003 S MILLSAP LOOP
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TAX #12094 PTN IN IN SE-NE SEC 24
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	2
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1982

Identified 1 feature