

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: 95-15778

Date Received: 3/28/2018

Receipt No: N024727

Claim Fee: \$2500 By: CM

RECEIVED

MAR 28 2018

IDWR/NORTHERN

AMENDED

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) JACK FOREST Phone (208) 660-1189

Mailing address 801 E FRONT ST, SUITE 1801 COEUR D'ALENE ID 83814
Street or Box City State Zip

Email address (optional) _____

2. Date of priority: (Only one per claim) 7/30/1985 (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 03W, Section 35,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 50N03W355750

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 HOME AND GARDEN

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>DOMESTIC</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 50N, Range 03W, Section 35,
SW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. 50N03W355750 & 05380000001A
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? _____

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.
95-15781 FROM SPRING AND 95-15780 FROM LAKE or None ☐

13. Remarks (include an explanation of the priority date selected):
DATE WELL WAS COMPLETED AND WATER PUT TO USE

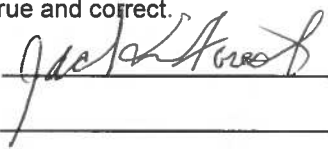
14. Basis of claim (check one) ☒ Beneficial Use ☐ Posted Notice ☐ License ☐ Permit ☐ Decree ☐
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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: 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)  Date: 3-28-18

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 _____

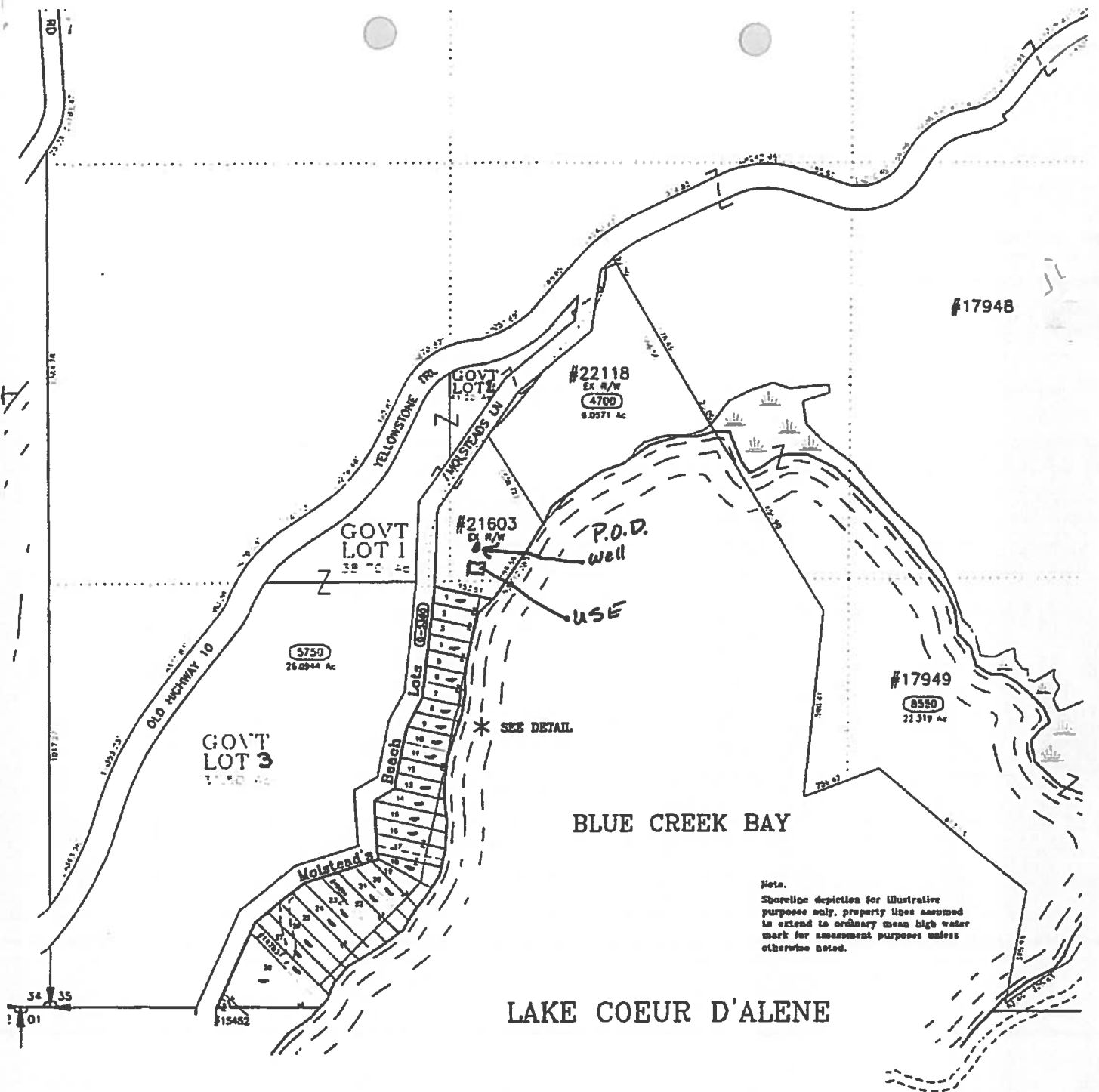
16. Notice of Appearance:

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) JACK FOREST Claim ID _____



SCALE: 1 INCH = 200 FEET

50N03WBM Sec.35

Identify

Identify from: Taxlots

Taxlots

FOREST, JACK

Location: 2,299,207.268 1,829,447.020 Meters

Field	Value
ID	9308380
UPDATED	3/23/2018
PIN	50N03W35S750
OWNER	FOREST, JACK
ADDRESS1	601 E FRONT AVE #1801
ADDRESS2	<null>
CITY	COEUR D ALENE
STATE	ID
ZIPCODE	83814
P_ADDRESS	3926 S MOLSTEADS LN
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	GOVT LTS 1, 2, 3 EX PLTD PTN & EX TAX#S, TAX #23340 ALL EX RW
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	26
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1951

Identified 1 feature