



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

June 8, 2018

MOBBS LIVING TRUST
13801 N MATHESON RD
HAYSER ID 83854

RE: Amended Claims & Notice of Change in Water Right Ownership 95-4453 & 95-8021

Dear Claimants:

I am returning your Amended Claims because in order to process this change, we need a Notice of Change in Water Right Ownership first. The original claims had Gary and John Mobbs on them. In order to remove Gary I will need a change in Ownership with documentation showing that Gary is no longer on the Deed. I sent you a form back on April 17 and have not received a reply. I am enclosing another Change in Water Right Ownership form. Please fill it out and return it (and the Amended Claims) to our office along with the required copy of the signed and notarized Warranty Deeds covering each parcel that is pertinent to the water rights.

As soon as I get this form with correct documents back, I will be more than happy to process the change in ownership. Then we can process the Amended Claims as well.

If you have any questions, please feel free to call.

Sincerely,

Dawn R. Lenon
Technical Records Specialist I

Enclosure(s): Notice of Change in Water Right Ownership 95-4453 & 95-8021
Original Amended Claim 95-4453 & 95-8021

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: 95-4453

Date Received: 3/21/18

Receipt No: N022957C

Claim Fee: \$25⁰⁰ By: _____

RECEIVED

MAR 21 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

- Name of claimant(s) JOHN AND/OR BETTY MOBBS Phone (208) 773-2409
Mailing address 13801 N MATHESON RD HAUSER ID Zip 83854
Street or Box City State
Email address (optional) johnmobbsrn@gmail.com
- Date of priority: (Only one per claim) 1924 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) SPRING
which is tributary to (b) HAUSER LAKE
- Location of point of diversion is: Township 51N, Range 06W, Section ,
NE 1/4 of NE 1/4, or Govt. Lot BM, County of KOOTENAI;
Parcel no. 51N06W010400
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
SPRING BOX AND PIPELINE TO PLACE OF USE
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ()
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
- Total quantity claimed 0.06 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR UP TO 55 HEAD OF CATTLE

9. Location of place of use is: Township 51N, Range 06W, Section 1,
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? _____

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.

95-8021 FOR IN-STREAM STOCKWATER or None ()

13. Remarks (include an explanation of the priority date selected):

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 95-4453

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: _____

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) John Mobbs Date: 3-21-18

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

_____ of _____,
Agent's title (Please print) 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) JOHN AND/OR BETTY MOBBS Claim ID _____

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: 95-8021

Date Received: 3/21/18

Receipt No: NO22957 B

Claim Fee: \$250 By: _____

RECEIVED

MAR 21 2018

IDWR/NORTHERN

AMENDED
NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) JOHN AND/OR BETTY MOBBS Phone (208) 773-2409
Mailing address 13801 N MATHESON RD HAUSER ID Zip 83854
Street or Box City State
Email address (optional) johnmobbsrn@gmail.com
2. Date of priority: (Only one per claim) 06/25/1980 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) UNNAMED STREAM
which is tributary to (b) HAUSER LAKE
4. a. Location of point of diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____, BM, County of _____
Parcel no. 51N06W010400
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township 51N, Range 06W, Section 1, NE 1/4 of NE 1/4,
Govt. Lot 1, BM, County of KOOTENAI
Ending point is: Township 51N, Range 06W, Section 1, NE 1/4 of SE 1/4,
Govt. Lot _____, BM, County of KOOTENAI
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
IN-STREAM STOCKWATER USE

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 or 1.40

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.02 (cfs) and/or (b) 1.40 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) IN-STREAM STOCKWATER USE FOR UP TO 55 HEAD OF CATTLE

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
51N	06W	1	S			S									S			S	
			Lot1																

Parcel no(s) 51N06W010400 Total number of acres irrigated _____

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

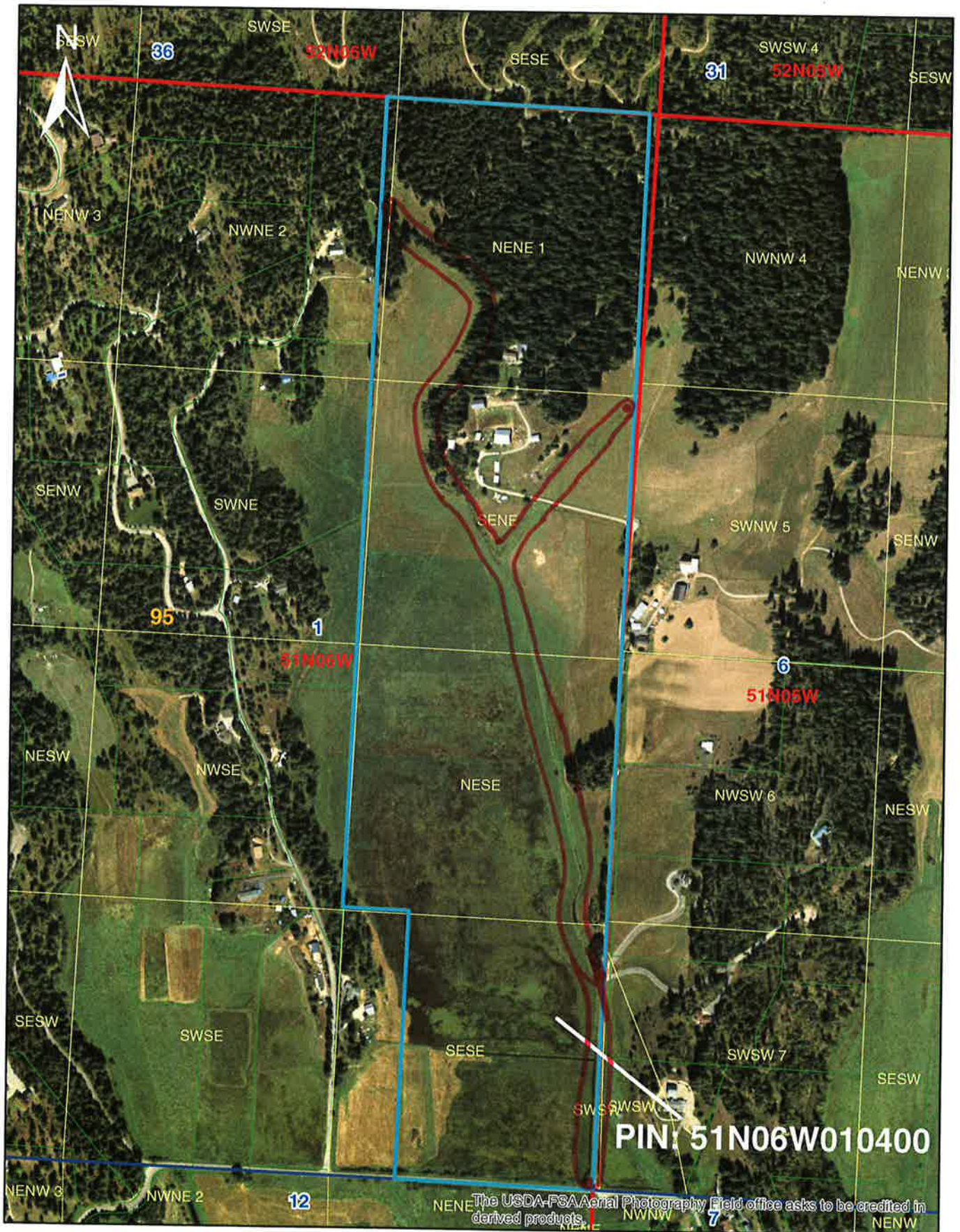
11. Do you own the property listed above as place of use? Yes (✓) No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
95-4453 FOR STOCKWATER or None ()

13. Remarks (Include an explanation of the priority date selected):

Name of claimant(s) JOHN AND/OR BETTY MOBBS Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM 95-8021



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 95-8021

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: _____

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) John Mobbs Date: 3-21-18

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 on 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 _____

Name of claimant(s) JOHN AND/OR BETTY MOBBS Claim ID _____