

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: ~~95-17541~~ 95-7476

Date Received: 3/16/18

Receipt No: N033222

Claim Fee: 2500 By: ja

RECEIVED

MAR 16 2018

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

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Matthew Beam Phone (208) 687-9684
Mailing address PO Box 993 Rathdrum, Idaho Zip 83858
Street or Box City State
Email address (optional) mbeam6019@gmail.com
- Date of priority: (Only one per claim) 12/31/1954 (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) sinks
- Location of point of diversion is: Township T52N, Range R05W, Section S35 NWSW,
1/4 of 1/4, or Govt. Lot BM, County of Kootenai,
Parcel no. 52N05W-35-5770
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 Sleeve with cover is over the spring and goes down to rock (a few feet below the surface), a
subterranean pipe goes from the spring to a subterranean holding tank. An electric pump house is nearby.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 01/01 to 12/31 amount .020 cfs (✓) or AFY ()
For Stockwater purposes from 01/01 to 12/31 amount .020
- Total quantity claimed .040 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic - lines go from pump house up to 1 domestic home. Stockwater - line goes to one barn.

SCANNED

MAY 24 2018

9. Location of place of use is: Township T52N, Range R05W, Section S35NWSW,
1/4 of 1/4, Govt. Lot BM, Parcel no. Kootenai
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.
Right Number 95-13870 or None ()

13. Remarks (include an explanation of the priority date selected):
Property on record with the county confirms the year of 1954.

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- picture

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) Matthew J. Blam Date: 3-14-2018

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:

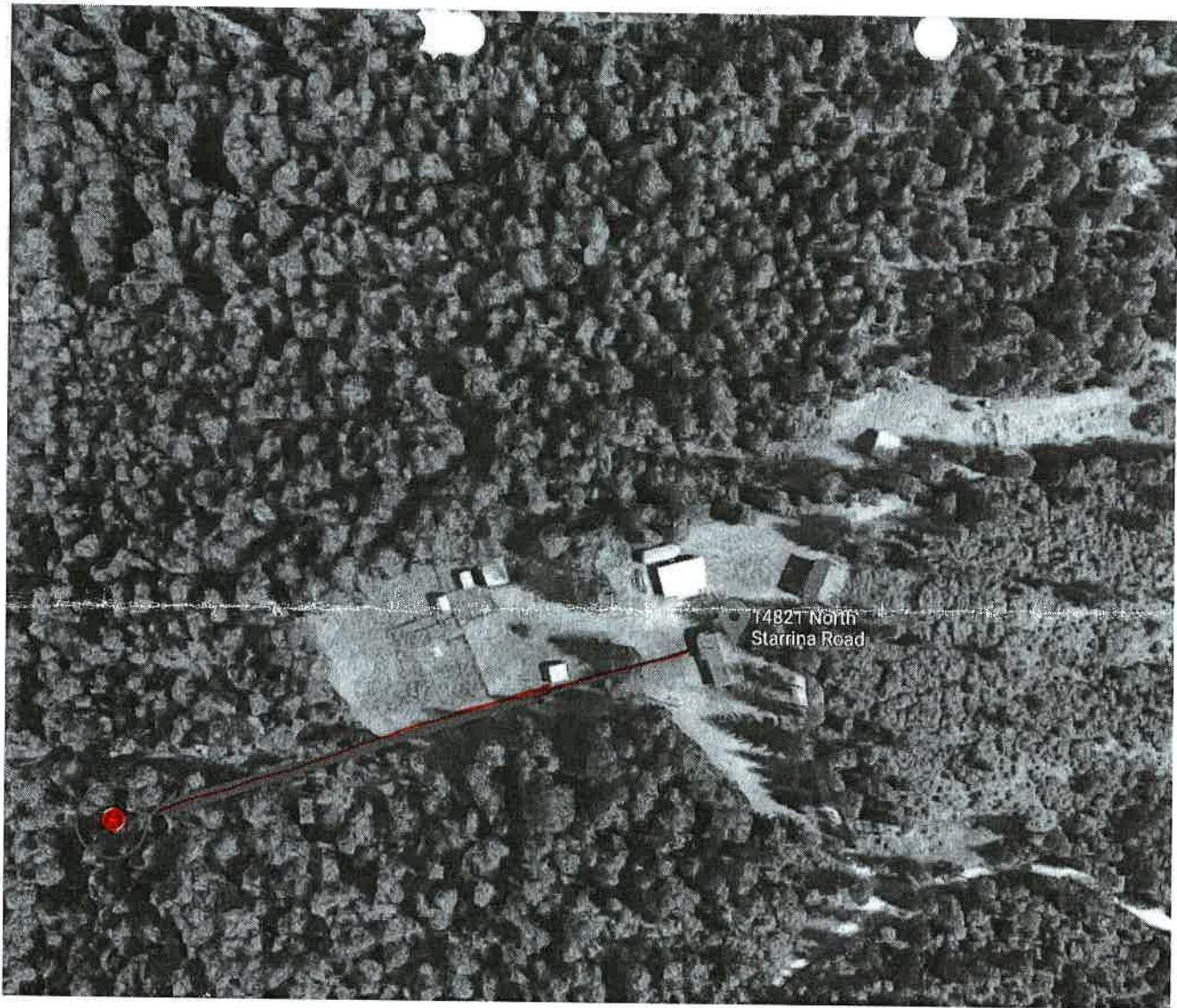
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

SCANNED
MAY 24 2018



• *location of developed spring*

SCANNED
MAY 24 2018