

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: 95-4110

Date Received: 10/15/18

Receipt No: 0000000

Claim Fee: 125.00 By: _____

RECEIVED

OCT 15 2018

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) STEPHEN NEFF Phone (208) 659-8131
Mailing address 17358 N RESERVOIR RD RATHDRUM ID 83858
Street or Box City State Zip
Email address (optional) steveneff2015@gmail.com
2. Date of priority: (Only one per claim) 9/1/1961 (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) RATHDRUM CREEK
4. a. Location of point of diversion is: Township 52N, Range 05W, Section 25,
NE 1/4 of NE 1/4, Govt. Lot _____, BM, County of KOOTENAI
Parcel no. 52N05W250400
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township 52N, Range 05W, Section 25, NE 1/4 of NE 1/4,
Govt. Lot _____, BM, County of KOOTENAI
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
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.
PUMP IN DEEP POOL OF STREAM WITH PIPELINE TO PLACE OF USE

- (dates are inclusive MM-DD) (cfs) (acre-feet)
- | | | | | | | | | | |
|-----|------------|---------------|------|----|-------|--------|------|----|--|
| For | IRRIGATION | purposes from | 3/15 | to | 11/15 | amount | 0.05 | or | |
| For | STOCKWATER | purposes from | 1/01 | to | 12/31 | amount | 0.02 | or | |
| For | | purposes from | | to | | amount | | or | |
| For | | purposes from | | to | | amount | | or | |

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) STOCKWATER USE FOR UP TO 15 GOATS

- 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.

Parcel no(s). 52N05W250400 Total number of acres irrigated 2.5

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.
95-7857 IRRIGATION FROM UNNAMED STREAM or None ()

- [illegible]

Name of claimant(s) STEPHEN NEFF Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



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 95-4110

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)  Date: 10/15/18

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) STEPHEN NEFF Claim ID _____