

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: 94-9623Date Received: 11-13-2018Receipt No: N033900Claim Fee: \$25.00 By: SL

RECEIVED

NOV 13 2018

IDWR / NORTH

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

RECEIVED

FEB 04 2019

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly

- Name of claimant(s) Chad + Deborah McCormick Phone (208) 755 6176
Mailing address 2830 S. Espinoza Dr. CDA ID Zip 83814
Street or Box City State
Email address (optional) cdaent@yahoo.com
- Date of priority: (Only one per claim) July 21 2015 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 50 N, Range 4 E, Section 30,
_____ 1/4 of _____ 1/4, or Govt. Lot 5 BM, County of Shoshone;
Parcel no. RP 0-1500-002-002-0 A
Additional points of diversion, if any: (Lot 2, Blk 2 Elk Meadows Subdivision)
If available, GPS coordinates: (Assigned address is 19968 CDA River Rd, Kingston, ID 83839)
- 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.
4" A.Y. McDonald Submersible Pump (Well Pump) 0.75HP
installed @ 30'. Well is 40' depth. (Well was placed ~20
years ago by former owner. Pump installed July 21, 2015.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from June 01 to October 01 amount 0.02 cfs (8.97 gal/min)
Month/Day Month/Day cfs or AFY ()
For _____ purposes from _____ to _____ amount _____
0.02 cfs
- Total quantity claimed 0.02 cfs ☒ or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic. Intermittent watering of tree seedlings
and homesite area/lawn. No home present
at this time.

9. Location of place of use is: Township 50N, Range 4E, Section 30,
_____ 1/4 of _____ 1/4, Govt. Lot 5 BM, Parcel no. _____
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? Shoshone

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):

4" well Pump installed in well July 21 2015.
Well was placed by former owner ~ 20 years ago.

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: 5

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) Deborah McCormick Date: 11/9/18
Deborah McCormick Date: 11/9/18

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) Chad + Deborah McCormick Claim ID 94-9623