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MAR 25 2019

DEPARTMENT OF
WATER RESOURCES

**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: 95-17784

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

**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) PETER AND/OR ANN RAUGH Phone (208) 755-6030
Mailing address 3812 W PRESLEY RD COEUR D'ALENE ID 83814
Street or Box City State
Email address (optional) plraugh@outlook.com
- Date of priority: (Only one per claim) 12/31/1994 (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 50N, Range 04W, Section 33,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 50N04W338000
Additional points of diversion, if any: 2ND WELL IN NWSE - SAME PARCEL (50N04W338000)
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.
2 WELLS WITH PIPELINES TO CISTERN WHICH SERVES WATER TO TWO HOMES
- 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 ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
cfs (✓) or AFY ()
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- 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 04W, Section 33,
NW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. 50N04W337350

_____ 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? 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.

_____ or None (✓)

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

DATE HOME WAS COMPLETED AND CONNECTED TO WELL; 2ND WELL IS SHARED WITH WATER

RIGHT NO. 95-14780

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: 3-21-19

 Date: 3-21-19

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) PETER AND/OR ANN RAUGH Claim ID _____

Identify

Identify from:

Tax Parcels

Tax Parcels

RAUGH, PETER L

Location:

2,286,904.712 1,829,715.119 Meters

Field	Value
ID	10347013
UPDATED	9/10/2018
PIN	50N04W337350
OWNER	RAUGH, PETER L
ADDRESS1	3812 W PRESLEY RD
ADDRESS2	<null>
CITY	COEUR D ALENE
STATE	ID
ZIPCODE	83814
P_ADDRESS	3812 W PRESLEY RD
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TAX#21564 EX TAX#25083 [1N SE-SE] 3350N04...
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	115
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1994

Identified 1 feature

PARCEL LOCATION FOR CSRBA CLAIM

