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DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-2 (Internet 3/12)

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

ID Number: 95-16358

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

Amended claim 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) (SEE REMARKS) _____ Phone (208) 437.4979
Mailing address PO BOX 175 BLANCHARD ID ZIP 83804
Street or Box City State
- Date of priority (only one (1) per claim) 04/30/1975
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 54N, Range 05W, Section 15
SW 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of BONNER
Parcel (PIN) no. RP54N05W156300A
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.
REPORT # 117614 WATER ANALYSIS DONE BY WATER ANALYSIS LABORATORIES, PO BOX 3420, ST. PAUL MN 55165 TEL (612) 739.7271 SUBMITTED BY NORVEL R. SANDS PO BOX 507 BLANCHARD ID
- 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 .08
Month/Day Month/Day cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .08 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 2 HOMES

9. Location of place of use is: Township 54N, Range 05W, Section 15, SW 1/4 of SW 1/4, or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____

For (check one) **Domestic** (x) **Stock** () **Domestic and Stock** ()

Additional places of use, if any: _____

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

11. Do you own the property listed above as place of use? Yes (x) 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.

_____ or None (x)

13. Remarks:

CLAIMANTS CAROL M. TAYLOR (PO BOX 175 BLANCHARD ID 83804), MARIE CLIFNER (PO BOX 175
BLANCHARD ID 83804), AND HELEN L. ROBBINS (PO BOX 175 BLANCHARD ID 83804)

14. Basis of claim (check one) **Beneficial Use** (x) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-16358

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 Adjudication".

b. I/We do () do not (x) 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) Carol M. Taylor

Date: 10 APR 2019

Helen L. Robbins

Date: 4/10/19

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent _____ Date _____

Title and organization _____

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of 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 _____
