

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-10999Date Received: 5-28-19Receipt No: N0346de0Claim Fee: 25.9 By: NS

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

JUL 02 2019

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) J. JACKSON & BARBARA C. COYNER Phone (208) 875-0636
Mailing address PO BOX 52 PRINCETON ID 83857
Street or Box City State Zip
Email address (optional) jcoyner@potlatch.com
- Date of priority: (Only one per claim) 1979 (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 41N, Range 04W, Section 23,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Latah;
Parcel no. RP41N04W23333A
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.
Well, pump, pipe to house.
- 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 .03 cfs () or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .03 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE ONE HOME

9. Location of place of use is: Township 41N, Range 04W, Section 23,
NW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. RP41N04W233333A

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? LATAH

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):

House built 5/16/1981.

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 Palouse 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)

J. Jackson
Barbara C. Coyner

Date: 7/1/2019

Date: 7/1/2019

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) J. JACKSON & BARBARA C. COYNER

Claim ID _____



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene ID 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819

Website: idwr.idaho.gov • Email: northerninfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

June 27, 2019

J. Jackson & Barbara Coyner
PO Box 52
Princeton ID 83857

RE: Completed Claim Needed for PRBA

Dear Mr. & Mrs. Coyner:

The Department of Water Resources has received your Palouse River Basin Adjudication (PRBA) Notice of Claim to a Water Right. We are unable to recommend your adjudication claim to the Court for the following reason.

The Notice of Claim to a Water Right form was submitted for the domestic use of a well for 1 home on a long form, but the claim form was incomplete. To make it a little easier for you, I have transferred the information from the long form onto a short form and highlighted the areas you still need to fill in in order for the claim to be valid. These sections include #4, the location of point of diversion (where the well is), #5, description of diversion works (well piped to home), #13 explanation of priority date (when house was built or when well was drilled) and #14, basis of claim (Beneficial Use). Please sign and date and return the claim form to our office. I am including a copy of the instructions to help answer any questions you may have.

Do not hesitate to contact our adjudication staff if you still have any questions or concerns.

Sincerely,

Dawn R. Lenon
Technical Records Specialist 1
Northern Region

Enclosures: Original Notice of Claim to a Water Right form, and Receipts for fees paid.

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: _____

Date Received: 5-28-19

Receipt No: N034660

Claim Fee: 25.00 By: NS

RECEIVED

MAY 28 2019

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) J. Jackson & Barbara C. Coyner Phone (208) 8750636

Mailing address PO Box 52 Princeton ID Zip 83857

Street or Box

City

State

Email address (optional) jcoyner@potlatch.com

2. Date of priority: (Only one per claim) 1979 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of point of diversion is: Township _____, Range _____, Section _____,

_____ 1/4 of _____ 1/4, Govt. Lot _____, BM, County of _____

Parcel no. _____

Additional points of diversion, if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

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.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD)

(cfs)

(acre-feet)

For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .03 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Domestic 1 household

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. 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.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
41N	04W	23						D											

Parcel no(s) RP41N04233333A

Total number of acres irrigated _____

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

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.

_____ or None ()

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

Name of claimant(s) J. Jackson & Barbara C. Coyner

Claim ID _____

Scale: 2 inches equals 1 mile

[illegible]

Claim ID _____

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: _____

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) J. Jackson Date: 5/24/2019

Barbara C. Coyner Date: 5/24/2019

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 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) J. Jackson & Barbara C. Coyner Claim ID _____