Form No. 42-1409-2 (Internet 5/17)

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: 87-11821
Date Received: 8-28-19
Receipt No: N035482
Claim Fee: 25.00 By: JA

RECEIVED
AUG 28 2019
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

Please type or print clearly

1. Name of claimant(s) James Kremer and Diane Bancke Phone (208) 882-7546

   Mailing address PO Box 3004, Moscow ID Zip 83843
   Street or Box City State

   Email address (optional) dianeb@roadrunner.com

2. Date of priority: (Only one per claim) December 2, 2009 (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. Location of point of diversion is: Township 39N, Range 05W, Section 16,

   SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah;

   Parcel no. 8490 A

   Additional points of diversion, if any: _____

   If available, GPS coordinates: Property address: 1865 Carmichael Rd, Moscow ID 83843

5. 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.

   Domestic well; 1.5 polypipe, 1/2 horse pump, 10-15 gpm

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

		Month/Day		Month/Day		cfs (✓) or AFY ( )
For	Domestic	purposes from	1-1	to	12-31	amount 0.04
For		purposes from		to		amount

7. Total quantity claimed 0.04 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
   Domestic, 1 home plus 1 currently vacant mobile home slip

9. Location of place of use is: Township 39N, Range 05W, Section 16,

SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. 8490 A
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):

We purchased this home with an existing unregistered well on December 2, 2009

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) James M. Kremer Date: August 22, 2019

Diane E. Bancke Date: August 22, 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) James Kremer & Diane Bancke Claim ID _____