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AUG 29 2019

Form No.42-1409-1 (Internet 5/17)

Department of Water Resources  
Eastern RegionIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-11873

Date Received:

Receipt No: E045274

Claim Fee: \$25 By: JB

Receipt for \$50. - 2 claims

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SEP 03 2019

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

Please type or print clearly

- Name of claimant(s) CHRISTOPHER J CYR Phone ( 208 ) 596-5606  
Mailing address 1196 DANIELSON RD GENESEE IDAHO Zip 83832  
Street or Box City State  
Email address (optional) \_\_\_\_\_
- Date of priority: (Only one per claim) 1900 (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) \_\_\_\_\_
- a. Location of point of diversion is: Township 38N, Range 05W, Section 24,  
SW 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_, BM, County of Latah  
Parcel no. RP 38N05W241704  
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 \_\_\_\_\_
- 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.  
WELL WITH PIPELINE TO HOME EST. 1930

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For DOMESTIC purposes from 1/1 to 12/31 amount 0.02 or \_\_\_\_\_

For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

7. Total quantity claimed (a) 0.02 (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 USE FOR 1 HOME, STOCKWATER USE FOR UP TO 5 HORSES

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 |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

Parcel no(s). RP 38N05W241704 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):  
WHEN PROPERTY WAS FIRST HOMESTEADED EST.1900  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of claimant(s) CHRISTOPHER J CYR 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 \_\_\_\_\_

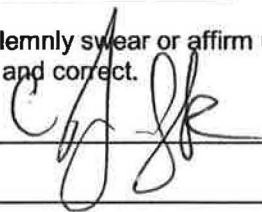
15. **Signature(s)**

(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 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)  \_\_\_\_\_ Date: 8/29/19

\_\_\_\_\_ Date: 8/29/19

**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)

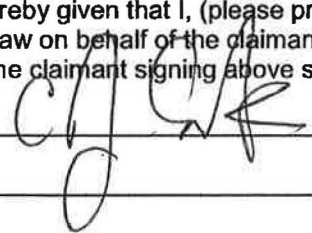
and that the statements contained in the foregoing document are true and correct.

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 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 8-29-19

Address \_\_\_\_\_

Name of claimant(s) CHRISTOPHER J CYR \_\_\_\_\_ Claim ID \_\_\_\_\_