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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: 95-17903

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) JONATHON C AND/OR LINDSAY M KIRBY Phone (208) 719-1374
Mailing address 19252 S FINNEBOTT RD WORLEY ID 83876
Street or Box City State
Email address (optional) kirbyscreek@gmail.com
- Date of priority: (Only one per claim) 12/31/1900 (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) _____
- Location of point of diversion is: Township 48N, Range 05W, Section 13,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 0521300A001A
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 IN WELL HOUSE PIPED TO HOME AND SPIGOTS FOR LIVESTOCK
- 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 ()
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02
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 FOR 1 HOME, STOCKWATER FOR UP TO 20 HEAD STOCK

9. Location of place of use is: Township 48N, Range 05W, Section 13,

NW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. SAME

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):

YEAR HOME BUILT PER KOOTENAI COUNTY RECORDS

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: 11/8/2019

Date: _____

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

Agent's title (Please print) _____ of _____
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) JONATHON C AND/OR LINDSAY M KIRBY

Claim ID 95-17903

Identify

Identify from:
Tax Parcels

☐ Tax Parcels

- ☒ GAUMOND, JAMES E

Location:
2,278,895.576 1,815,213.887 Meters

Field	Value
ID	10329810
UPDATED	9/10/2018
PIN	0521300A001A
OWNER	GAUMOND, JAMES E
ADDRESS1	19252 S FINNEBOTT RD
ADDRESS2	<null>
CITY	WORLEY
STATE	ID
ZIPCODE	83876
P_ADDRESS	19252 S FINNEBOTT RD
P_ZIPCODE	<null>
SUB_NAME	MEADOW LAKE ESTATES
LEGAL1	MEADOW LAKE ESTATES, LTS 1 THRU 13 BLK A 1348N05W
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	146
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1900

Identified 1 feature

PARCEL LOCATION FOR CSRBA CLAIM

