

AUG 07 2020

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: _____

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

see attached sheet for more
claimants1. Name of claimant(s) Randy Cole and/or Jean Cole Phone (360) 581-7900Mailing address 301 Arnold ct. Hoquiam WA Zip 98550
Street or Box City StateEmail address (optional) thecoles5@comcast.net2. Date of priority: (Only one per claim) May 30, 1948 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) Spring
which is tributary to (b) _____4. Location of point of diversion is: Township 46 N, Range 05 W, Section 23
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Benewah;Parcel no. RP46N05W231830AAdditional points of diversion, if any: none

If available, GPS coordinates: _____

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.

1/2 h.p. pump; 1/2" and 3/4" pipe to 400gal. reservoir
1/2" pipe to house

6. 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 (X) or AFY ()
Month/Day Month/DayFor stock water purposes from 1-1 to 12-31 amount 0.02 cfs () or AFY ()7. Total quantity claimed 0.06 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

one home, 4 head beef cattle

9. Location of place of use is: Township 46N, Range 05W, Section 23,
NE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. RP 46N05W243600A
for (check one) Domestic () Stock () Domestic and Stock (X)
If different than shown in Item 4

Additional places of use, if any SW, SE

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

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

13. Remarks (include an explanation of the priority date selected): claim # 95-9989
The priority date selected is the same date that Ray
and Betty Wise selected and when a claim was first issued.

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 95-9989

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: one

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) Randall E Cole Date: 8/3/20

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) _____ Claim ID _____

1. Name of claimants: Peter Jolibois and/or Therese Jolibois

Address: 9835 SW Killarney Lane
Tualatin, OR 97062