

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: 95-18088

Date Received: _____

Receipt No: _____

Claim Fee: _____

RECEIVED

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

APR 30 2021

**DEPARTMENT OF
WATER RESOURCES**

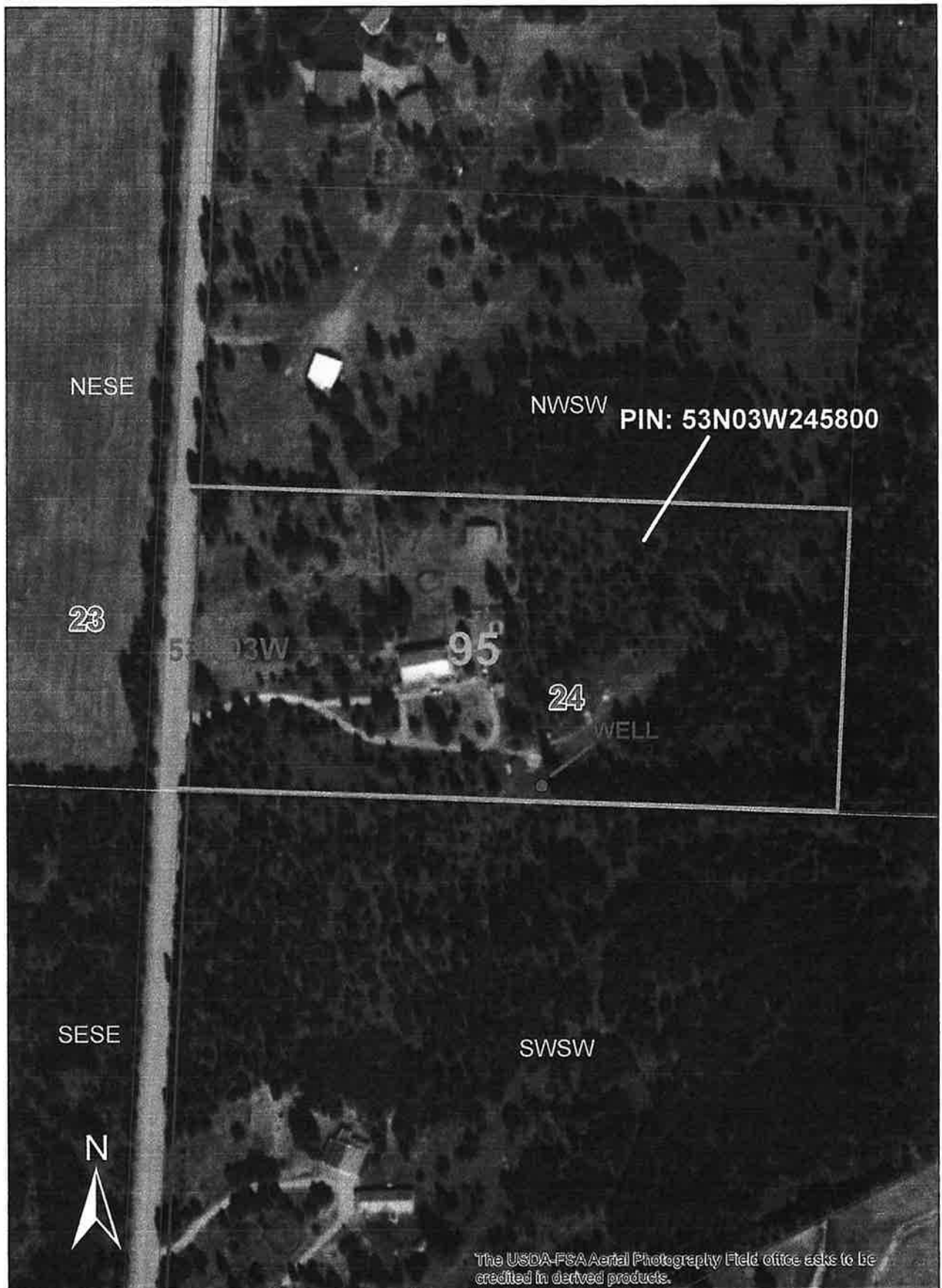
Please type or print clearly

1. Name of claimant(s) ROBERT KIDD Phone (208) 661-3812
 Mailing address 27700 N BOHN RD ATHOL ID Zip 83801
Street or Box City State
 Email address (optional) bknidaho1977@gmail.com
2. Date of priority: (Only one per claim) 12/31/1993 (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 53N, Range 03W, Section 24,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
 Parcel no. 53N03W245800
 Additional points of diversion, if any: _____
 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.
WELL WITH PIPELINE TO HOME
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 <u>DOMESTIC</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.02</u>	<u>1/1</u>	<u>12/31</u>	<u>0.02</u>
For <u>STOCKWATER</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.02</u>	<u>1/1</u>	<u>12/31</u>	<u>0.02</u>
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR 2 HORSES

9. Location of place of use is: Township 53N, Range 03W, Section 24,
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 BUILT PER KOOTANI 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: _____
_____ 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
_____ 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 Robert Kidd Date _____
Address 27700 N Bohn rd Athol Id. 83801
Name of claimant(s) ROBERT KIDD Claim ID 95-1B088

PARCEL LOCATION FOR USRBA CLAIM 95-18088
2019 AERIAL PHOTO



Identify



Identify from:

Tax Parcels

☐ Tax Parcels

KIDD, ROBERT



Location:

2,301,698.412 1,861,333.370 Meters

Field	Value
ID	12878850
UPDATED	2/5/2021
PIN	53N03W245800
OWNER	KIDD, ROBERT
ADDRESS1	27700 N BOHN RD
ADDRESS2	<null>
CITY	ATHOL
STATE	ID
ZIPCODE	83801
P_ADDRESS	27700 N BOHN RD
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	S 1/3 OF NW-SW EX E 1/4
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	10
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1993

Identified 1 feature