

JUN 21 2021

DEPARTMENT OF
WATER RESOURCES

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM****CIVIL CASE NUMBER: 49576**Claim ID: 95-18112

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) Jennifer Becker Phone (509) 4326695
Mailing address 318 Susan Dr Moscow ID Zip 83843
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 1964 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) spring
which is tributary to (b) Lake Coeur D'Alene
- Location of point of diversion is: Township 47N, Range 4W, Section 3,
SE 1/4 of NW 1/4, or Govt. Lot 4 BM, County of Kootenai;
Parcel no. 007800020180
Additional points of diversion, if any: NE of SW
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.
Springbox and 1 inch pipeline to 500 gal holding tank
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Basic house water purposes from 4/1 to 11/1 amount .04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home

9. Location of place of use is: Township 47N, Range 4W, Section 3,
NE 1/4 of SW 1/4, Govt. Lot 4 BM, Parcel no. 007800020180
If different than shown in Item 4

for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()

Additional places of use, if any SE of NW

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):

House has been using water from the spring as long as my family has owned it, but we were unaware that we needed to have legal water rights to do so.

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: _____

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) J. Becker Date: 6/17/2021

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 _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____