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DEPT. 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: 95-18190

Date Received: _____

Receipt No: _____

Claim Fee: \$35.00 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) Joanne and/or Mark Fletcher Phone (208) 306-2611
Mailing address 115 Jenks Rd Spirit Lake ID 83869
Street or Box City State
Email address (optional) hoofmelody@aol.com
- Date of priority: (Only one per claim) 2/02/2017 (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 54N, Range 04W, Section 8,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP54N04W085700A
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 supplying additional dwelling unit (ADU).
- 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 .01 cfs (✓) or AFY ()
For Stockwater purposes from 1/1 to 12/31 amount .01
- Total quantity claimed .01 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 additional dwelling unit

9. Location of place of use is: Township 54N, Range 04W, Section 8,
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? Bonner

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.
Second well supplying main home. or None ()

13. Remarks (include an explanation of the priority date selected):
Well completion date. Additional dwelling unit is in the form of a shop house. Well report states that at 174-200'
the water is not usable. However, the well is producing and being re-perforated for hand pump.

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: 1 + 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: 10.27.21

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 _____

Well and Additional Dwelling Unit (ADU) Location

