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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: 95-18281

Date Received: _____

Receipt No: _____

Claim Fee: \$25.00

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) Duane Allen and Joyce Melody ^{Jordan} Phone (503) 369-2137
Mailing address Box 559 Spirit Lake ID Zip 83869
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) July 27, 2018 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 54 N, Range 04 W, Section 29,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RPS4N 04W 290100A
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 440 Max Depth 6" Casing
- 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
Month/Day Month/Day cfs () or AFY ()
For Stock water purposes from 1-1 to 12-31 amount 0.02
- Total quantity claimed 0.06 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic, 1 home ; Stock water 2 head cattle

9. Location of place of use is: Township S4N, Range 04W, Section 29,
NE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. RP54N04W290100A
If different than shown in Item 4
for (check one) Domestic () Stock () Domestic and Stock (X)

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 (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):
Legal Description of Property 29-S4N-4W W2NENENE

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 _____

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: _____

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) [Signature] Date: 3-27-22
[Signature] Date: 3-27-2022

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) Duane A. and Joyce M. Jordan Claim ID _____

Idaho Department of Water Resources Receipt

Receipt ID: N038778

Payment Amount	\$25.00	Date Received	4/1/2022	Region	NORTHERN
Payment Type	Check	Check Number	1129		
Payer	JORDAN, DUANE & JOYCE				
Comments	NIA CLAIM 95-18281				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155


Signature Line (Department Representative)