

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: 97-9800

Date Received: 2/22/2024

Receipt No: N044370

Claim Fee: 25.00 By: VMB

RECEIVED

FEB 22 2024

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Michael Freehling & Melissa Quilter Phone (510) 847-3809
 Mailing address P.O. Box 8088 Berkeley CA Zip 94707
Street or Box City State
 Email address (optional) melissaquilter@gmail.com
2. Date of priority: (Only one per claim) 01/01/1960 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other ☒ (a) spring
 which is tributary to (b) sinks
4. Location of point of diversion is: Township 56N, Range 05N, Section 27,
NE 1/4 of NE 1/4, or Govt. Lot 5 BM, County of Bonner;
 Parcel no. RPS6N05N270001A
 Additional 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.
spring box & pipeline
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>01/01</u> to <u>12/31</u> amount <u>.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .04 cfs ☒ or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
one home with garden < 1/2 acre

9. Location of place of use is: Township 56N, Range 05W, Section 27,
NE 1/4 of NE 1/4, Govt. Lot 5 BM, Parcel no. RP56N05W270001A
If different than shown in Item 4

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

Additional places of use, if any none

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.
_____ or None ☒

13. Remarks (include an explanation of the priority date selected):
year built 1960

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: 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) Melissa Quilter Date: 2.20.24
Michael Freeling Date: 2-20-24

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) Melissa Quilter & Michael Freeling Claim ID _____



Parcels



Sections



QQ

56N05W22

SWSW 56N05W23

RP56N05W270001A

NENE 5

NWNW 8

56N05W27

56N05W26

← spring

SENE 5

SWNW 8

SENE

SWNW

The USDA-FSA Aerial Photography Field office asks to be credited in derived products.

Melissa Quilter, Michael Freehling