

RECEIVED
DEC 27 2022
DEPARTMENT OF
WATER RESOURCES

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

SEP 13 2022

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: 95-18364

Date Received: 12.27.22

Receipt No: C114969

Claim Fee: 25" By: M

Clerk
Deputy Clerk

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) Michael & Jennifer Birds Phone (208) 610-9446
Mailing address 17255 E PERIMETER RD ATHOL ID Zip 83801
Street or Box City State
Email address (optional) JenniferBirds208@gmail.com
- Date of priority: (Only one per claim) 11/11/2018 (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 _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____;
Parcel no. S4N02W324420
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 with pump and pipe to home.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes purposes from 1/1 to 12/31 amount 0.04 cfs (☒) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic use for 1 home.

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 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):
Date well was drilled and water first put to
beneficial use.

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

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) Michael D. Smith Date: 9-7-2022

Jennifer H. Smith Date: 9-7-2022

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) _____ Claim ID _____

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re CSRBA

Case No. 49576

Subcase

95-18364
(Insert water right number)

STANDARD FORM 3

MOTION TO FILE AMENDED NOTICE OF
CLAIM

INSTRUCTIONS

This form is used to file an amendment to a Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the CSRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form.

The water right number for your amended claim must be indicated above in the blank space following "Subcase." You must use a **separate form for each** amended Notice of Claim.

By filing a *Motion to File an Amended Notice of Claim*, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

A *Motion to File an Amended Notice of Claim* may require a hearing before the Presiding Judge or Special Master or may be granted by leave of the court or by written consent of the parties and the Idaho Department of Water Resources. Leave to amend a claim shall be freely given when justice so requires.

☒ I have read *CSRBA Administrative Order 1*, Rules of Procedure.

My name is Michael and Jennifer Birds

My address is 17255 E. Perimeter Rd
Arbol, ID 83801

My phone number is: work _____ Home (208) 610-9446

☐ I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

☒ I did not file a Notice of Claim to the use of water in the CSRBA because:

Home was not built yet.

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☒ I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you must attach a copy of your Notice of Claim.)

Attached a claim to a water right.

A Motion to File Late Notice of Claim will require a hearing before the Presiding Judge.

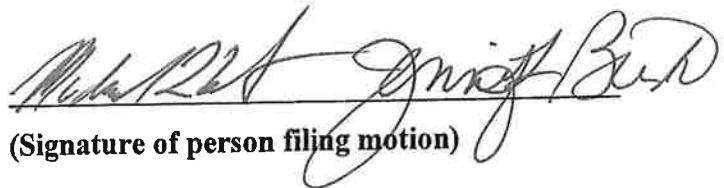
Follow these instructions regarding the hearing on the motion.

1. Contact the Clerk of the CSRBA Court at (208) 736-3011 to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on 12/20/2022 1:30 pst
(insert date and time)
at the CSRBA Courthouse, 253 Third Avenue North, Twin Falls, Idaho.

I have attached:

- ☒ A fully completed Notice of Claim (available from IDWR).
- ☒ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. §42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 25.
- ☐ A claim filing fee and a late claim fee for those claims other than domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.


(Signature of person filing motion)

(Attorney signing in representative capacity)

INSTRUCTIONS FOR MAILING

You must mail the Motion, to the Clerk of the court. **FAX filings will not be accepted.**
You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on 9-8, 2023 I mailed the original and copies of this Motion, including all attachments, to the following persons:

1. Original to:

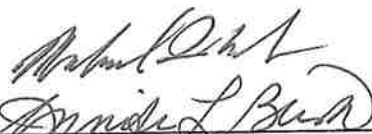
Clerk of the District Court
Coeur d'Alene-Spokane River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010



Signature of Movant or attorney
mailing on Movant's behalf

SEP 12 2022

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 FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
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CIVIL CASE NUMBER: 49576

Claim ID: 95-18364Date Received: 9-12-2022

Receipt No: _____

Claim Fee: _____ By: _____

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Street or Box City StateEmail address (optional) JenniferBirds208@gmail.com2. Date of priority: (Only one per claim) 11/11/2018 (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 _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____;Parcel no. S4N02W324420

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 pump and pipe to home.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic purposes purposes from 1/1 to 12/31 amount 0.04
Month/Day Month/Day cfs (☒) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (☒) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

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Jennifer H. Smith Date: 9-7-2022

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_____ of _____,
Agent's title (Please print) Name of organization (Please print)

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Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

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Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

Idaho Department of Water Resources Receipt

Receipt ID: C114969

Payment Amount	\$25.00	Date Received	12/27/2022	Region	STATE
Payment Type	Check	Check Number	1046		
Payer	BIRDS, MICHAEL L / JENNIFER				

Comments	NOTICE OF CLAIM TO A WATER RIGHT CIVIL CASE NUMBER #49576 FOR: MICHAEL &/OR JENNIFER BIRDS WR CLAIM OR PARCEL # 95-18364 FOR: CSRBA THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM
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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)