

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

RECEIVED
OCT 20 2023

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 95-18521
DEPARTMENT OF
WATER RESOURCES

Ident. Number: 95-18521
Date Received:
Receipt No:
Claim Fee: \$25.00
Received 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

1. Name of Claimant(s)

CHRISTINE SQUIRES
439 LAZY SPADE LN
ATHOL ID 83801

Phone: (208) 518-9052

2. Date of Priority: 7/7/2023

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	02W	18	SE NW		BONNER	

5. Description of diverting works:

GOULDS 3-PHASE WELL PUMP, FRANKLIN 3-WIRE SUBMERSIBLE MOTOR, 360 DEPTH WELL, WITH
POLY PIPE AND PVC DROP PIPE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.03		

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	02W	18	SE		NW		

Parcel Number: RP54N02W184210A

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

SHARED WELL WITH PARCEL NO. RP54N02W184201A

12. Remarks:

Priority Date Explanation:

THIS IS A SHARED WELL BETWEEN MOTHER, CHRISTINE A SQUIRES, AND DAUGHTER AND SON IN LAW, HEATHER E JONES AND ANTONIO R JONES.

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin 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):



Date: 10/12/23

Date: _____