

JUL 15 2024

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

By

CIVIL CASE NUMBER: 49576

Clerk

Deputy Clerk

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

RECEIVED

OCT 18 2024

DEPARTMENT OF
WATER RESOURCES

Ident. Number: 95-18582

Date Received: 10-18-24

Receipt No: C119120

Claim Fee: \$25.00

Received By: jmh

**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)

SANDY SERIGHT
11880 W BOSTON CT
POST FALLS ID 83877

Phone: (208) 755-9633

AND/OR

NANCY SERIGHT
11880 W BOSTON CT
POST FALLS ID 83877

Phone: (208) 759-7490

2. Date of Priority: 6/23/2021

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	15	SW NE		KOOTENAI	

5. Description of diverting works:

WELL WITH PUMP TO HOME

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 KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	15	SW		NE		

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:

12. Remarks:

Priority Date Explanation:

DATE WELL WAS PLACED INTO SERVICE

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 ☒ 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):  Date: 7/10/24
 Date: 7/10/24

Idaho Department of Water Resources Receipt

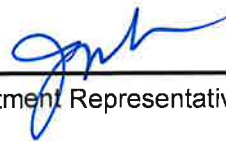
Receipt ID: C119120

Payment Amount	\$25.00	Date Received	10/18/2024	Region	STATE
Payment Type	Check	Check Number	9171		
Payer	SERIGHT, SANDY/NANCY				
Comments	NOTICE OF CLAIM TO A WATER RIGHT 95-18582				

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)