

RECEIVED

OCT 28 2024

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

Ident. Number: 95-18582
Date Received: 7/10/2024
Receipt No: C119120
Claim Fee:
Received By: _____

AMENDED

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 AND NANCY SERIGHT FAMILY TRUST

Phone: 208-755-7490
208-755-9633

11880 W. BOSTON COURT
POST FALLS, ID 83854

SANDY SERIGHT
11880 W BOSTON CT
POST FALLS ID 83877 83854

Phone: (208) 755-9633

AND/OR

NANCY SERIGHT
11880 W BOSTON CT
POST FALLS ID 83877 83854

Phone: (208) 759-7490

2. Date of Priority: 6/23/2021

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	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 CLARK FORK-PEND OREILLE 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: _____

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

TRUSTEE of SANDY & NANCY SERIGHT FAMILY
Agents Title (please print) Name of Organization (please print) TRUST

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent N Seright Date 10/24/24

Printed Name of Authorized Agent Nancy Seright