

RECEIVED

MAR 10 2025

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

DEPT. OF WATER RESOURCES

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: 95-18600
Date Received: 9/27/2024
Receipt No: C119926
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)

~~NEIL NEMEC~~ Phone: ~~(208) 661-0201~~
~~206 N LAKEVIEW DR~~
~~COEUR D ALENE ID 83814~~

~~MARY SANDERSON~~ Phone:
~~206 N LAKEVIEW DR~~
~~COEUR D ALENE ID 83814~~

NEIL L AND ELEANOR D NEMEC FAMILY TRUST Phone: (208) 661-0201
206 N LAKEVIEW DR
COEUR D ALENE ID 83814

2. Date of Priority: 12/31/1955

3. Source: FERNAN LAKE Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	03W	18	SE SE	1	KOOTENAI	

5. Description of diverting works:

SUBMERSIBLE PUMP TO HOLDING TANK INSIDE HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		SCANNED

MAR 10 2025

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC FOR ONE HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	03W	18	SE		SE	1	

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:

YEAR BUILT DATE PER IDAHO RESIDENTIAL PROPERTY RECORD

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 X 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 NEIL L. and Eleanor D. FAMILY TRUST
Agents 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 Neil L. Nemec Date 03-05-2025

Printed Name of Authorized Agent NEIL L. NEMEC