

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

DEC 17 2024

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

By Clerk
CIVIL CASE NUMBER: 49576
Deputy Clerk

Ident. Number: 95-18619
Date Received:
Receipt No: N045117
Claim Fee: \$2500
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)

WOOD FAMILY TRUST
C/O NORMAN & STEPHANIE WOOD
6413 W RIVERVIEW DR
COEUR D ALENE ID 83814

Phone: (208) 446-8258

2. Date of Priority: 6/1/1985

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	04W	8	NW SE		KOOTENAI	

5. Description of diverting works:

WELL WITH PIPELINE 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	0.04		

7. Total Quantity Appropriated is:

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

SCANNED

APR 21 2025

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	04W	8	SW		NE	6	
50N	04W	8	SE		NE	5	
50N	04W	8	NE		SE		
50N	04W	8	NW		SE		

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:

APPROXIMATE DATE HOME WAS COMPLETED AND BEGAN USING WATER

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: 2

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 Wood 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 Norman Wood Date 12/10/24

Printed Name of Authorized Agent Norman Wood

Identify

Identify from:

Tax Parcels

[-] Tax Parcels

WOOD FAMILY TRUST

Location:

2,285,718.030 1,836,447.242 Meters

Field	Value
ID	16859973
UPDATED	4/5/2024
PIN	50N04W087350
OWNER	WOOD FAMILY TRUST
ADDRESS1	6413 W RIVERVIEW DR
ADDRESS2	<null>
CITY	COEUR D ALENE
STATE	ID
ZIPCODE	83814
P_ADDRESS	6413 W RIVERVIEW DR
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TAX #3324 EX TAX #S, E 200 FT-NW-SE LYING N OF RD, TAX #17953, TAX #18
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	5.6
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1985
ParcelCount	1
SHAPE	Polygon

Identified 1 feature

Idaho Department of Water Resources Receipt

Receipt ID: N045117

Payment Amount	\$25.00	Date Received	12/10/2024	Region	NORTHERN
Payment Type	Check	Check Number	109		
Payer	WOOD, NORMAN				
Comments	NOTICE OF CLAIM TO A WATER RIGHT FOR NORMAN & STEPHANIE WOOD				

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)