## 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: 95-17692
Date Received: 11/20/2018
Receipt No: NO3393
Claim Fee: 40500
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)

KARL J REBAY Phone: (714) 745-0054

3697 S CARPENTER LOOP POST FALLS ID 83854

CAROLYN C REBAY Phone:

3697 S CARPENTER LOOP POST FALLS ID 83854

2. Date of Priority: 5/20/1977

3. Source: Trib. to:

**GROUND WATER** 

4. Point of Diversion:

Township Range Section ¼ of ¼ of ¼ Lot County Type

50N 05W 17 SW SW KOOTENAI

5. Description of diverting works:

Well, pump and pipeline to two 3500 gallons storage tanks.

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

STOCKWATER 01/01 12/31 0.02

7. Total Quantity Appropriated is:

95-17692

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v.	U4	u.	г.э.	anu/or	А.Г.А.

8.	Non-irrigation uses:								
	ne and 1 guest home and water to shop								
9.	Place of use:								
	DOMESTIC within KOOTENAI County								
	Township Range Section ¼ of ¼ Lot Acres 50N 05W 17 SW SW								
	STOCKWATER within KOOTENAI County								
	Township Range Section ¼ of ¼ Lot Acres 50N 05W 17 SW SW								
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: None								
12.	Remarks:								
	Priority Date Explanation: TAXLOT DATA								
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:2								
	For Individuals:								

95-17692

I/We do solemnly swear or a	affirm under penalty of perjury that the state	ements contained in the
foregoing document are true		
Signature of Claimant(s):		Date: _11   Zo   18
		Date:



