

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

Claim ID: 95-17707

Date Received: 11-1-18

Receipt No: N033869

Claim Fee: 2500 By: JA

RECEIVED

NOV 01 2018

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) ROBERT AND/OR SONJA MACDONALD Phone (509) 924-6268

Mailing address 12122 E NEZ PERCE LN SPOKANE WA Zip 99206
Street or Box City State

Email address (optional)

2. Date of priority: (Only one per claim) 12/31/1964 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) SPOKANE RIVER
which is tributary to (b) COLUMBIA RIVER

4. Location of point of diversion is: Township 50N, Range 05W, Section 11
SW 1/4 of NE 1/4, or Govt. Lot BM, County of KOOTENAI

Parcel no. 03080000023A

Additional points of diversion, if any:

If available, GPS coordinates:

5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For DOMESTIC purposes from 03/15 to 11/15 amount 0.02
Month/Day Month/Day cfs (✓) or AFY ()

For purposes from to amount

7. Total quantity claimed 0.02 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
IRRIGATION FOR LAWN

9. Location of place of use is: Township 50N, Range 05W, Section 11,
SW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
GREENSFERRY WATER DISTRICT or None (✓)

13. Remarks (include an explanation of the priority date selected):
AFFIDAVIT FROM NEIGHBOR

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

15. **Signature(s)**
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System 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 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: 11-1-18

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the _____ of _____
Agent's 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 _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) ROBERT AND/OR SONJA MACDONALD Claim ID _____