

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: 95-17722

Date Received: 10-29-2018

Receipt No: N033857

Claim Fee: \$25.00 By: [Signature]

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

OCT 29 2018

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

- Name of claimant(s) DAN & NAUCE CURRIE Phone (208) 446-6404
 Mailing address 2089 E DRIFTWOOD HEWING DR HARRISON ID Zip 93933
Street or Box City State
 Email address (optional) dcurrie123@earthlink.net
- Date of priority: (Only one per claim) 06/01/2003 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water or Other () (a) _____
 which is tributary to (b) _____
- Location of point of diversion is: Township 49N, Range 03W, Section 19,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
 Parcel no. 49N03W194250
 Additional points of diversion, if any: N/A
 If available, GPS coordinates: _____
- 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.

- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
 For DOMESTIC IRRIGATION purposes from 1-1 to 12-31 amount .03
Month/Day Month/Day cfs () or AFY ()
 For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .03 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1) Main House, 1) Guest House (400 SF)

9. Location of place of use is: Township 49N, Range 03W, Section 19,
SE 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. 49N03W194250
If different than shown in Item 4
for (check one) Domestic Stock () Domestic and Stock ()

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.
_____ or None

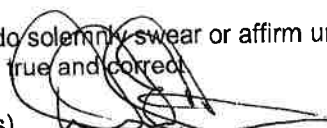
13. Remarks (include an explanation of the priority date selected):
ORIGINAL DATE OF WELL INSTALLATION & CONSTRUCTION OF
MAIN HOUSE AND GUEST HOUSE

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: 10-24-18
David Cui Date: 10-24-18

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) _____ Claim ID _____

Identify

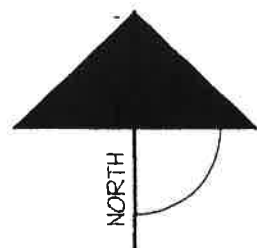
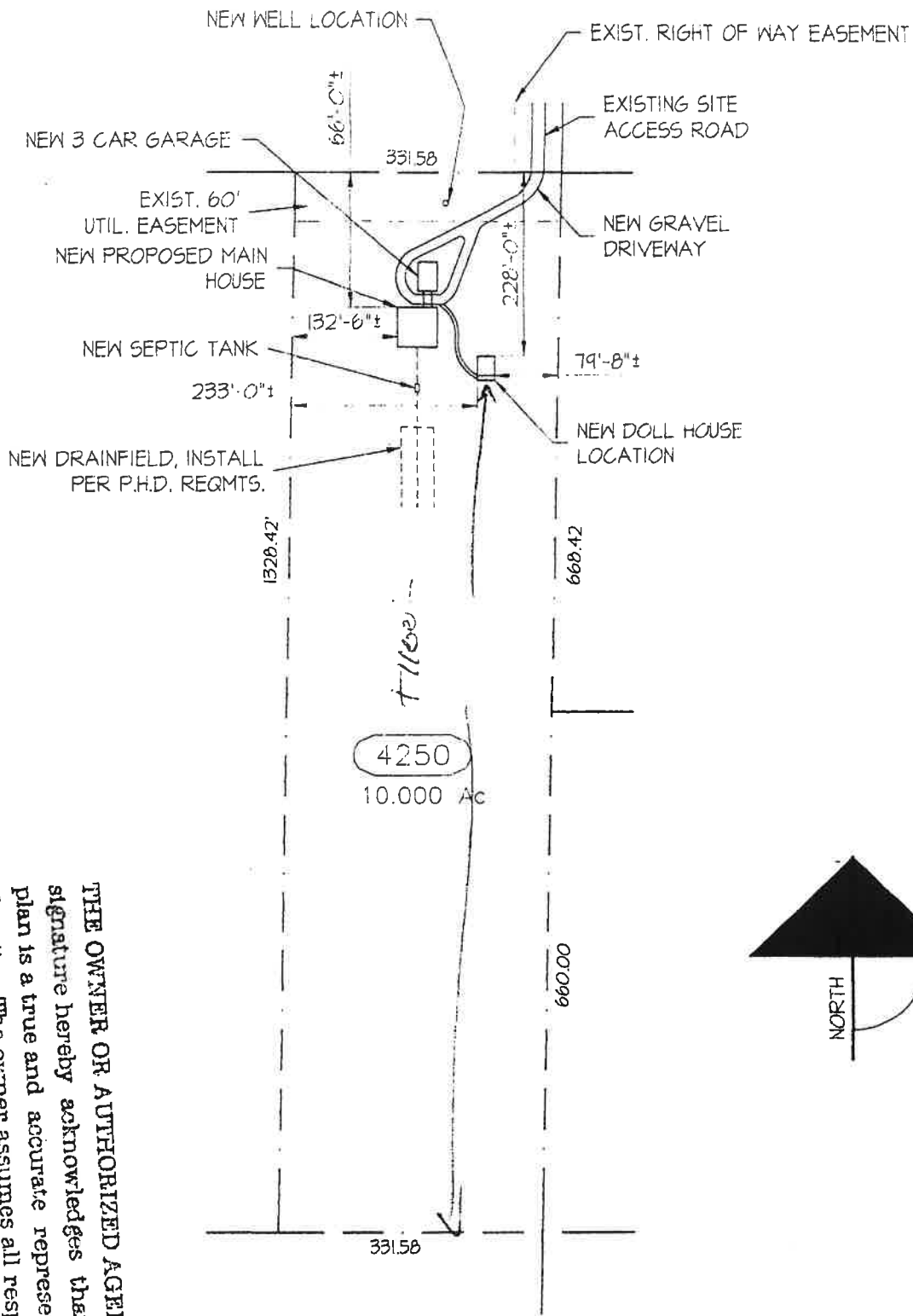
Identify from: Taxlots

- Taxlots
 - CURRIE LIVING TRUST
 - Kootenai_Co_Improvement_Detail
 - 49N03W194250
 - 49N03W194250
 - 49N03W194250
 - 49N03W194250
 - 49N03W194250
 - 49N03W194250
 - 49N03W194250

Location:

Field	Value
OID	237532
PIN	49N03W194250
Group_Code	34H
Imp_Type	DWELL
Year_Built	2003

Identified 1 feature



SITE PLAN

SCALE: 1" = 200'

THE OWNER OR AUTHORIZED AGENT, by his signature hereby acknowledges that this site plan is a true and accurate representation of the site. The owner assumes all responsibility for any inaccuracies contained herein.

[Handwritten Signature]
 Owner/Authorized Agent