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

RECEIVED

CIVIL CASE NUMBER: 49576

Claim ID: 95-17739

Date Received: 11/1/20/8

Receipt No: No 33868

Claim Fee: 42599 By: 18

NOV 0 1 2018

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR/NORTHERN

Please type or print clearly

1.	Name of claimant(s) WESLEY C COX JR Phone (_208_) 987-0092
	Mailing address 1880 MINALOOSA VALLEY RD PLUMMER ID Zip 83851
	Street or Box City State Email address (optional) triangle-ranch@hotmail.com
2.	Date of priority: (Only one per claim)12/31/1930 (Explain priority date selected in Remarks)
3.	Source of water supply (Check one) Ground Water () or Other (✓) (a) UNNAMED STRM, LITTLE PLUMMER
	which is tributary to (b) LITTLE PLUMMER CREEK, CHATCOLET LAKE
4.	a. Location of point of diversion is: Township, Range, Section
	1/4 of 1/4, Govt. Lot, BM, County of
	Parcel no
	Additional points of diversion, if any:
	If available, GPS Coordinates
	b. If instream flow, beginning point of claimed instream flow is:
	Township 46N, Range 04W, Section 22, NW 1/4 of SW 1/4,
	Govt. Lot, BM, County of BENEWAH
	Ending point is: Township 46N, Range 04W, Section 22, NW 1/4 of SW 1/4,
	Govt. Lot, BM, County of BENEWAH
5.	Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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. INSTREAM STOCKWATER

6. V	Water is claimed for the following purposes: (dates are inclusive MM-DD) (cfs) (acre-feet)																		
F	ForSTOCKWATER																		
	For					_ purposes from _ _ purposes from _													
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а	escrip If wa If wa	ter is ter is	for irri	gation for oth	, indic er pu	pose	s, plac	ce a s	ymbol	of us	e (exa	n the t ample	abula : D fo	tion be r Dom	elow. estic)	in the	e corre	spon	ding
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TWP	RGE		NE	NW	sw	SE	NE	NW	sw	SE	NE	NW	sw	SE	NE	NW	sw	SE	Totals
46N	04W	22										S							
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P	arcel r)O(e)	RP46	N04W	22540	00A						· -	'atal a	ا ما مدنا					
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10. Ir	n which	our cour	nty(ies)) are la	ands I	isted	above	as pl	ace o	f use	locate	d? R	:NEV\	/AH					
11. D	o you	own t	he pro	perty	listed	above	e as p	lace o	of use	?	Yes (√) N	10 ()					
	your a															_			
12. D	escrib	e any	other	water	rights	used	at the	e sam	e plac	e and	for th	ne sar	ne pu	rposes	s as c	lescrik	ed ab	ove.	
-																		or No	one (✓
13. R	emark	s (Inc	lude a	n expl	anatio	on of t	he pri	ority o	date s	electe	d):			_					
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Name	of clain	nant(s) **E31	LETU	COX	יר								_ CI	aim II) <u> </u>			

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



14.	Basis of claim (Check on	e) Beneficial Use (✓) P	osted Notice () License () F	Permit()Decree()								
	Court	Decree Date	Plaintiff v. Defendant _									
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: 1											
	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)	Wesley C	Cox	Date:								
	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											
	Agent's title (Ple	ase print)	ofName of organ	nization (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 on behalf of 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		Da	ate								
	Address											
Nam	ne of claimant(s) WESLEY C	COX JR		Claim ID								

