

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: 95-17743

Date Received: 1/11/2019

Receipt No: N033995

Claim Fee: \$2500 By: JL

RECEIVED

JAN 11 2019

IDWR/NORTHERN

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

Please type or print clearly

1. Name of claimant(s) JOSEPH AND/OR DONNA RAYAN Phone (408) 799-9600

Mailing address 547 AKRE DR BLANCHARD ID Zip 83804
Street or Box City State

Email address (optional) joeharley@sbcglobal.net

2. Date of priority: (Only one per claim) 12/31/2012 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

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

4. Location of point of diversion is: Township 54N, Range 05W, Section 7
NW 1/4 of NW 1/4, or Govt. Lot 1 BM, County of BONNER

Parcel no. RP014600060030A

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.

WELL WITH PIPELINE TO HOME

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

For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ()
Month/Day Month/Day

For purposes from to amount

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

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

DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 54N, Range 05W, Section 7,
NW 1/4 of NW 1/4, Govt. Lot 1 BM, Parcel no. SAME

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? BONNER

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):

YEAR BUILT AS PER BONNER COUNTY RECORDS

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: 2

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) Joseph D Rayan Date: 1-11-19

Donna M Rayan Date: 1-11-19

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) JOSEPH AND/OR DONNA RAYAN Claim ID _____

PARCEL LOCATION FOR CSRBA CLAIM



Identify

Identify from: Tax Parcels

- [-] Tax Parcels
 - [+] CYR, DENNIS O & JERI L

Location: 2,274,901.607 1,876,466.539 Meters

Field	Value
ID	9890964
UPDATED	8/14/2018
PIN	RP014600060030A
OWNER	CYR, DENNIS O & JERI L
ADDRESS1	12428 E CORTE MANTA
ADDRESS2	
CITY	VAIL
STATE	AZ
ZIPCODE	85641-6621
P_ADDRESS	547 AKRE DR
P_ZIPCODE	83804
SUB_NAME	AKRE ACRES SECOND ADDITION
LEGAL1	7-54N-5W AKRE ACRES 2ND ADD BLK 6 LOT 3
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	4.1
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	2012

Identified 1 feature