

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: 95-17744
Date Received: 12-24-18
Receipt No: N033971
Claim Fee: 2500 By: Ja

RECEIVED
DEC 24 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

Please type or print clearly

1. Name of claimant(s) ERIK OR CAROL KARBER Phone (208) 245-7187

Mailing address 2623 BENEWAH CREEK RD ST MARIES ID Zip 83861
Street or Box City State

Email address (optional)

2. Date of priority: (Only one per claim) 6/10/1996 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

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

4. Location of point of diversion is: Township 46N, Range 03W, Section 22
SE 1/4 of SE 1/4, or Govt. Lot BM, County of BENEWAH

Parcel no. RP46N03W229001A

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, PUMP AND 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
Month/Day Month/Day cfs (x) or AFY ()

For purposes from to amount

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

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

9. Location of place of use is: Township 46N, Range 03W, Section 22,
NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. RP46N03W22720EA

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? BENEWAH

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):
SHARED WELL WITH 95-17065

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) Erik Karber Date: 12-21-18
Carol Karber Date: 12-21-18

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.

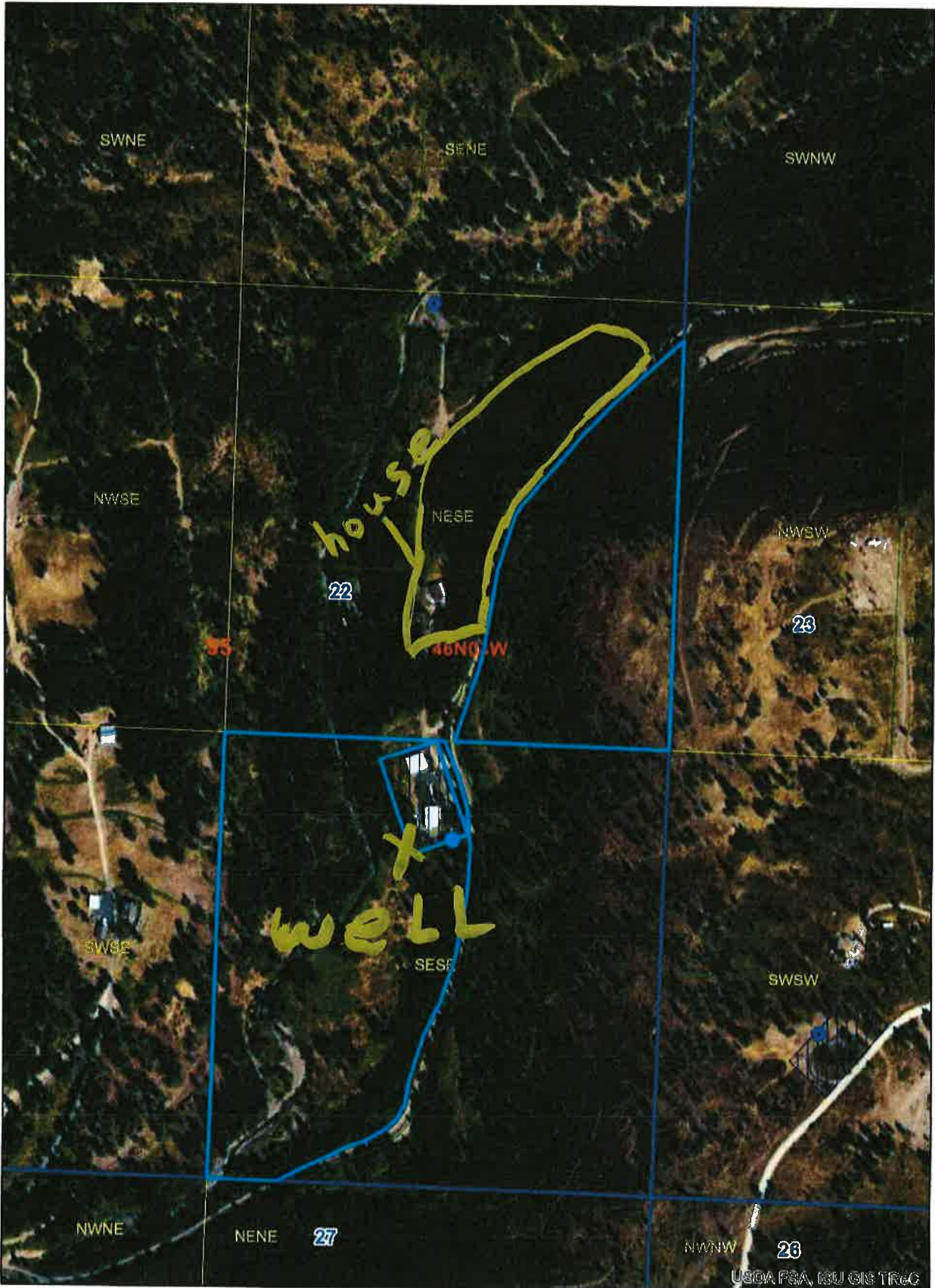
Signature _____ Date _____

Address _____

Name of claimant(s) ERIK OR CAROL KARBER Claim ID _____

PIN RP46N03W22720EA

Karber
5 acres



Karber
5 acres

2 PPH6N03W22L



House

well