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JAN 25 2019

Form No. 42-1409-2 (Internet 5/17)

IDWR/NORTHERN

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: 95-17751

Date Received: 1-25-2019

Receipt No: N034022

Claim Fee: \$25.00 By: Jb

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) Steven Auer Phone (208) 819-9436
Mailing address 3918 W Lone Mountain Trl Rathdrum ID Zip 83858
Street or Box City State

2. Date of priority: (Only one per claim) April 18, 2017 (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 S3N, Range 4W, Section 28
SW SE 1/4 of SE SW 1/4, or Govt. Lot BM, County of Kootenai
Parcel no. 8600

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 submerged pump with 4 inch Distribution Pipe, well is 448 Ft deep

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 .02
For Stockwater purposes from 1-1 to 12-31 amount

7. Total quantity claimed .02 cfs (X) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic + Stockwater: 9 Homes

9. Location of place of use is: Township 53N, Range 4W, Section 28,  
SW SE 1/4 of SESW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. 8750  
If different than shown in Item 4  
for (check one) Domestic ( ) Stock ( ) Domestic and Stock (X)

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 (X) 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 (X)

13. Remarks (include an explanation of the priority date selected):  
\_\_\_\_\_  
\_\_\_\_\_

14. Basis of claim (check one) Beneficial Use (X) Posted Notice ( ) License ( ) Permit ( ) Decree ( )  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_  
If applicable provide IDWR Water Right Number 95-9827

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 (X) 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) [Signature] Date: 1-25-19  
\_\_\_\_\_  
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

\_\_\_\_\_ 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 \_\_\_\_\_



