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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: 95-17754

Date Received: 1-25-2019

Receipt No: N034021

Claim Fee: \$25.00 By: [Signature]

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) DANIEL P AUER Phone (208) 661 5973

Mailing address 3609 W LOWE MOUNTAIN TR RATHBURN Zip 83858
Street or Box City State

Email address (optional) BESTGRANDS@GMAIL.COM

2. Date of priority: (Only one per claim) JUNE 1 2001 (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 53N, 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 cfs (X) or AFY ( )

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 TOTAL

9. Location of place of use is: Township 53N, Range 4W, Section 28,  
SWSE 1/4 of SESE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. 8450

for (check one) Domestic ( ) Stock ( ) Domestic and Stock  If different than shown in Item 4

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):  
\_\_\_\_\_  
\_\_\_\_\_

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 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  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 \_\_\_\_\_



