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

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

APR 2 9 2021

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF PWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM

THE TABLES	Clerk
CIVIL CASE NUMBER: 49576	Deputy Clerk
Claim ID: <u>95-18088</u>	
Date Received:	<u>.</u>
Receipt No:	
Claim Fee: By:	

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) ROBERT KIDD Phone (208) 661-3812
	Mailing address 27700 N BOHN RD ATHOL ID Zip 83801 Street or Box City State
	Street or Box City State Email address (optional) bknidaho1977@gmail.com
2.	Date of priority: (Only one per claim) 12/31/1993 (Explain priority date selected in Remarks) Month/Day/Year (YYYY)
3.	Source of water supply (Check one) <u>Ground Water</u> (✓) or Other () (a)
	which is tributary to (b)
4.	Location of point of diversion is: Township 53N, Range 03W, Section 24,
	NW1/4 ofSW1/4, or Govt. LotBM, County of KOOTENAI;
	Parcel no. <u>53N03W245800</u>
	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)
	Month/Day Month/Day cfs (✓) or AFY () DOMESTIC 1/1 to 12/31 amount 0.02
	For
	For STOCKWATER purposes from 1/1 to 12/31 amount 0.02
7.	Total quantity claimed cfs (✓) or AFY ()
8.	Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind) DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR 2 HORSES

9.	Location of place of use is: Township 53N, Range 03W, Section 24,					
	NW 1/4 of SW 1/4, Govt. Lot BM, Parcel no. SAME					
	nvv 1/4 of Svv 1/4, Govt. Lot 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? 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.	P. Describe any other water rights used at the same place and for the same purposes as described above or None (✓)					
13.	3. Remarks (include an explanation of the priority date selected): YEAR BUILT PER KOOTANI 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) Date:					
	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) Agent's title (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					
	Signature Pokut Kill Date					
	Signature					
Nar	ne of claimant(s) ROBERT KIDD Claim ID 95 = /8088					

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PARCEL LOCATION FOR CSRBA CLAIM 95-18088

2019 AERIAL PHOTO



