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

IDWR / NORTH

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: 95-17382Date Received: 11-6-17Receipt No: N033031Claim Fee: 25.00 By: NS

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) LARSON LIVING TRUST C/O DAVE & LINDA LARSON Phone (208) 666-0124Mailing address 10615 W VOGEL RD WORLEY ID Zip 83876
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 12/31/1980 (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 48N, Range 05W, Section 12,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;Parcel no. 48N05W125300

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 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 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 FOR 1 HOME

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9. Location of place of use is: Township 48N, Range 05W, Section 12,
SE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. _____
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. 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):

TAX PARCEL YEAR BUILT PER 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

TRUSTEE of LARSON LIVING TRUST,
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 David P. Larson Date 11-6-17

Printed Name of Authorized Agent DAVID P. LARSON

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) LARSON LIVING TRUST C/O DAVE & LINDA LARSON

Claim ID _____

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Identify

Identify from:
Taxlots

Taxlots

LARSON LIVING TRUST

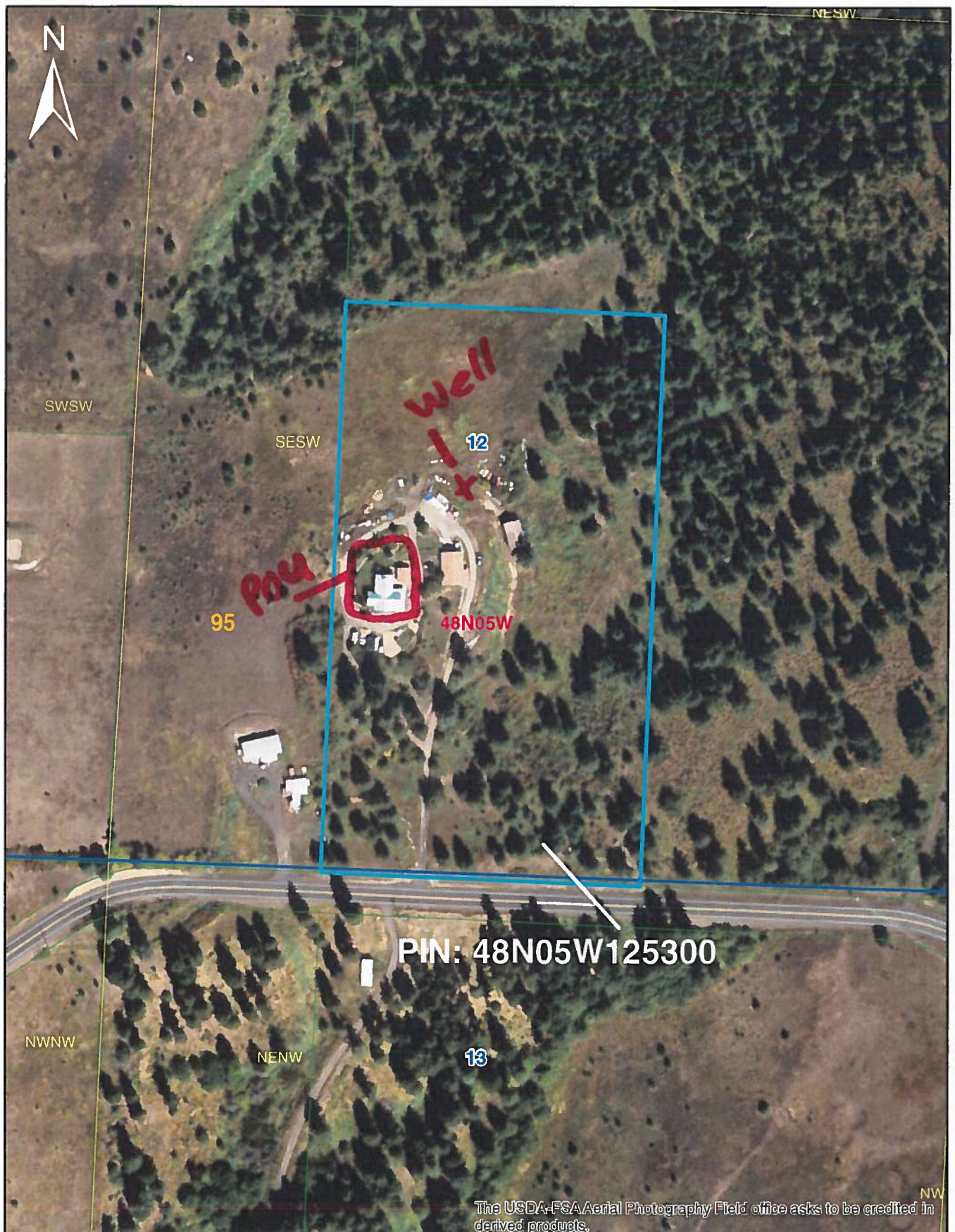
Location:
2,279,437.821 1,816,460.860 Meters

Field	Value
ID	8575286
UPDATED	10/18/2017
PIN	48N05W125300
OWNER	LARSON LIVING TRUST
ADDRESS1	10615 W VOGEL RD
ADDRESS2	<null>
CITY	WORLEY
STATE	ID
ZIPCODE	83876
P_ADDRESS	10655 W VOGEL RD
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	W 495 FT-S 880 FT-E 990 FT-SW 1248N05W
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	10
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1980

Identified 1 feature

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PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



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11/11/2017