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MAR 27 2018

IDWR / NORTH
Form No. 42-1409-1 (Internet 5/17)

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: 95-17591

Date Received: 6-12-2018

Receipt No: N033492

Claim Fee: 25.00 By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Melinda A. Moore Phone (836) 917-7172
Mailing address 14744 N. Rimrock Rd., Hayden Zip 83835
Street or Box City State
Email address (optional) dreamthedance@gmail.com
2. Date of priority: (Only one per claim) 8/20/2006 (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. a. Location of point of diversion is: Township 52N, Range 03W, Section 32,
SW 1/4 of SW 1/4, Govt. Lot _____, BM, County of Bootenai
Parcel no. 004960010010
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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, pipeline

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For domestic purposes from 1/1 to 12/31 amount 0.04 or _____

For Stock purposes from 1/1 to 12/31 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) One home, burnt garden, 10 head of chickens

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>52N</u>	<u>03W</u>	<u>32</u>											<u>DS</u>						

Parcel no(s). _____ Total number of acres irrigated _____

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 your 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):

Name of claimant(s) _____ Claim ID _____

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 The Melinda A. Moore 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 Melinda A. Moore Date 3/23/18

Printed Name of Authorized Agent Melinda A. Moore

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of 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 _____

Identify

Identify from: Taxlots

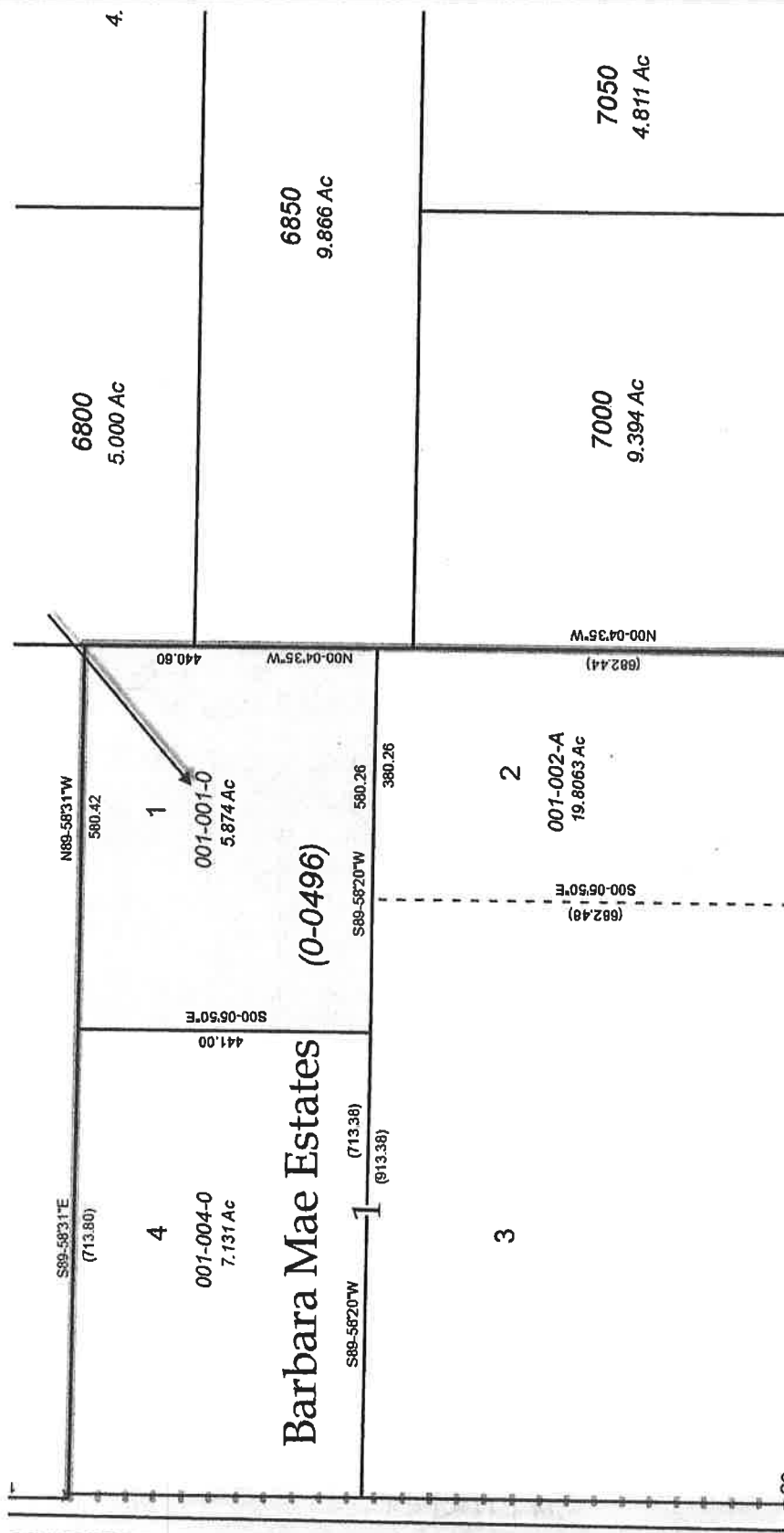
Taxlots

MELINDA A MOORE LIVING TRUST

Location: 2,294,888.945 1,848,509.009 Meters

Field	Value
ID	8555556
UPDATED	10/18/2017
PIN	004960010010
OWNER	MELINDA A MOORE LIVING TRUST
ADDRESS1	14744 N RIMROCK RD
ADDRESS2	<null>
CITY	HAYDEN
STATE	ID
ZIPCODE	83835
P_ADDRESS	14744 N RIMROCK RD
P_ZIPCODE	<null>
SUB_NAME	BARBARA MAE ESTATES
LEGAL1	BARBARA MAE ESTATES, LT 1 BLK 1
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	5.9
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	2007

Identified 1 feature



**14744 North Rimrock Road
Hayden, ID 83835**

THIS MAP IS FURNISHED AS AN ACCOMMODATION STRICTLY FOR THE PURPOSES OF GENERALLY LOCATING THE LAND. IT DOES NOT REPRESENT A SURVEY OF THE LAND OR IMPLY ANY REPRESENTATIONS AS TO THE SIZE, AREA OR ANY OTHER FACTS RELATED TO THE LAND SHOWN THEREOF