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Form No. 42-109 (Rev. 3/12)

IDWR/NORTHERN

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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

ID Number: 94-9313

Date Received: 8/6/14

Receipt No: ~~N030644~~ N030672

Amount: \$25.00 By: d cm

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) Michael Talley Phone (208)682-9613

Mailing address 188 Knapp RD. KINGSTON ID ZIP 83839

2. Date of priority (only one (1) per claim) Before 07-26-73

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 49 N, Range 02 E, Section 8 NE 1/4 of NE 1/4, or Govt. Lot 2, B.M., County of S Parcel (PIN) no. RP49 N0 2E 080550

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 was drilled in 1973 Ricard K Stoddard Sharon K Stoddard

6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.) For DOMESTIC purposes from 01-01 to 12-31 amount .04 cfs (X) AFY ( )

7. Total quantity claimed 0.4 cfs (X) or AFY ( )

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 1 Home

9. Location of place of use is: Township 49N, Range 02E, Section 8, NE 1/4 of NE 1/4, or Govt. Lot 2, B.M., Parcel (PIN) no. (if different than shown in Item 4) RP49N02E080525  
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? SHOSHONE

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:  
\_\_\_\_\_  
\_\_\_\_\_

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 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) Margaret Jolly Date: 08/05/14  
\_\_\_\_\_ Date: \_\_\_\_\_

For organizations:  
I do solemnly swear or affirm under penalty of perjury that I am  
\_\_\_\_\_ of \_\_\_\_\_,  
Title Organization  
that I have signed the foregoing document in the space below as  
\_\_\_\_\_ of \_\_\_\_\_,  
Title Organization  
and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent \_\_\_\_\_ Date \_\_\_\_\_  
Title and organization \_\_\_\_\_

16. Notice of appearance:  
Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed to the claimant signing above should be mailed to me at the address listed below.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_