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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

Ident. Number: 94-9398

Date Received: 5/21/2015

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

SUSAN J VORK Phone:(208) 682-3760
27 HUNT GULCH RD
KINGSTON ID 83839

CALVIN E VORK Phone:(208) 682-3760
27 HUNT GULCH RD
KINGSTON ID 83839

2. Date of Priority: 8/20/1890

3. Source: HUNT GULCH Tributary to: COEUR D ALENE RIVER

4. Point of Diversion:

Table with 7 columns: Township, Range, Section, 1/4 of 1/4 of 1/4, Lot, County, Type. Rows include 49N 01E 35 NE SE SHOSHONE Ending Point and 49N 01E 35 NE SE SHOSHONE Beginning Point.

5. Description of diverting works:

6: Water is used for the following purposes:

Table with 5 columns: Purpose, From, To, C.F.S., (or) A.F.A. Row: STOCKWATER 01/01 12/31 0.02

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or A.F.A

8. Non-irrigation uses:

9. Place of use:

Table with 7 columns: Township, Range, Section, 1/4 of 1/4, Lot, Use, Acres. Row: 49N 01E 35 NE SE STOCKWATER. Includes Section Acres and Total Acres labels.

10. Place of use in counties: SHOSHONE

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

94-9398

5/21/2015

SCANNED

MAY 21 2015

Priority date description:

Description of use: Water Use Description

STOCKWATER

14. Basis of Claim: Beneficial Use

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 notice 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Susan J. Vole Date: 5/21/2015
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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 _____

Please print name