

AUG 25 2015

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

ID Number: 94-9423

Date Received: 8-25-2015

Receipt No: N031476 B

Amount: \$461.00 By: [Signature] \$25.00

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) RAYMOND W WILLIAMSON OR KATRINA L AUSTIN Phone (208) 512-4524 Mailing address 351 KELLY GULCH RD PINEHURST ID ZIP 83850

2. Date of priority (only one (1) per claim) 01/09/1911 Month Day Year (yyyy)

3. Source of water supply (check one) Ground Water () or Other (x) (a) UNNAMED STREAM which is tributary to (b) PINE CREEK

4. a. Location of point of diversion is: Township 48N, Range 02E, Section 6, 1/4 of 1/4, or Govt. Lot, B.M., County of Parcel (PIN) no. RP48N02E067875 Additional points of diversion if any: If available, GPS coordinates:

b. If instream flow, beginning point of claimed instream flow is: Township 48N, Range 02E, Section 6, NE 1/4 of SW 1/4, or Govt. Lot, B.M., County of SHOSHONE ending point is: Township 48N, Range 02E, Section 6, NW 1/4 of SE 1/4 or Govt. Lot, B.M., County of SHOSHONE

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.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For STOCKWATER purposes from 01/01 to 12/31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ 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.): IN STREAM STOCKWATERING FOR UP TO 100 HEAD OF MIXED STOCK

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 (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE													
48N	02E	6									S					S			

Parcel (PIN) no(s) RP48N02E067875 Total number of acres irrigated _____

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 (x) 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.
94-9420 FOR STOCKWATER FROM GROUNDWATER SOURCE or None ()

13. Remarks:

Last name _____ Identification no. _____

14. Basis of claim (check one) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

15. Signature(s)

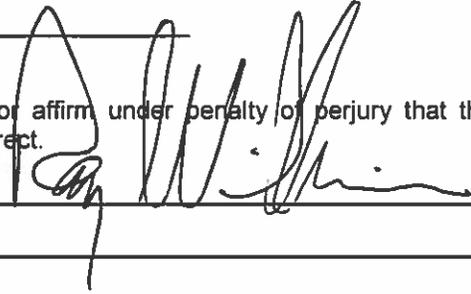
a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do () do not (X) 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)  _____ Date: 8.25-15

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 by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last name _____ Identification no. _____