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APR 20 2009

Form No. 42-1409-2 (Internet 12/08)

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-18411

Date Received: 4-20-2009

Receipt No: C088064 \$2500 SR2

Received By: SBP

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

1. Name of Claimant(s) William J. Marchioro Phone (509) 710-6861Mailing Address S. 6512 Caster RD Spokane WA Zip 99223
Street or Box City State2. Date of Priority: (Only one per claim) July 17, 2009 Filing Deadline
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X)(a) Spirit Lake
which is tributary to (b) _____4. Location of Point of Diversion is: Township _____, Range _____, Section _____
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 53 N 05 W 143800 AIN: 144489; 29726 N. Brickley Creek & Spirit Lake, ID

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.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from April 1 to Nov 30 amount less than 13000 gpd
Month/Day Month/Day cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____7. Total Quantity claimed less than 13000 gallons cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) one household served - domestic only
NO livestock

9. Location of Place of Use is: Township Spirit Lake, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Same
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? Koosene

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:

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 civil case # 49576

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) with J. J. J. J. J. Date: 4-16-09

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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. _____