

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 95-9309

Date Received: 5-21-09

Receipt No: 1020668 B

Received By: cm

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
MAY 21 2009
IDWR/North

Please type or print clearly

1. Name of Claimant (s) Prairie Crossing West II, LLC Phone (503) 835-4533

Mailing Address 9339 Trestle View Lane McMinnville OR ZIP 97128
Street or Box City State

2. Date of Priority (Only one (1) per claim) January 21, 1963
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 51N, Range 05W, Section 24,
NE, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. 51N05W241300

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 and Pump

SCANNED
MAY 21 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Irrigation purposes from 04/01 to 10/31 amount 1.230 or 518.00

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.230 (cfs) and/or (b) 518.00 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) _____

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.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
51N	05W	24	35	39	36	38													

Parcel (PIN) no(s) 51N05W241300

Total number of acres irrigated 148

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.

WR No. 95-9498 for 1.240 CFS for 150 acres (same location) or None (☐)

13. Remarks: Attached are copies of Water Rights Reports for Water Rights Nos. 95-9309
and 95-9498 issued by Idaho DWR on 07/09/2008.

Also enclosed is aerial photograph.

Last Name Prairie Crossing West II, LLC Identification No. _____

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MAY 21 2009

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 95-9309

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: 3 including aerial photograph

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

Manager Title _____ of Prairie Crossing West II, LLC Organization _____

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

Manager Title _____ of Prairie Crossing West II, LLC Organization _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date 5/19/09

Title and Organization Richard L. Robinson, Manager, Prairie Crossing West II, LLC

16. Notice of Appearance:

Notice is hereby given that I, Brent C. Lake, 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 [Signature] Date 5/19/09

Address 330 NE Evans Street

McMinnville, Oregon 97128

* Please send notices to both the claimant and attorney.
If not possible, please send notices to claimant.

Last Name Prairie Crossing West II, LLC Identification No. _____

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MAY 21 2009

Parcel No. 51N05W241300

Hayden Ave.

Point of
Division

13

18

24

19

R.R.

17 1/2 Hwy

NE 1/4 NE 1/4 Sec. 24 Twp. 51N R. 05W B.M.

Prairie Ave.

24

19

25

30

SCANNED

MAY 21 2009

Last Name: Prairie Crossing West II, LLC. ID No.