

**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 95-8936

Date Received: 8-10-09

Receipt No: N 0 2 1 7 0 6

Received By: cm

**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

Please type or print clearly

1. Name of Claimant (s) North Kootenai Water District (NKWD) Phone (208) 661-0408

Mailing Address P.O. Box 2290 Hayden, ID ZIP 83835

2. Date of Priority (Only one (1) per claim) 03/03/1996 Hayden, State ID
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Hayden Lake
which is tributary to (b) Sinks

4. a. Location of Point of Diversion is: Township 51N, Range 03W, Section 10,
1/4 of, 1/4 Govt. Lot 3, BM., County of _____

Parcel (PIN) no. _____

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. Raw Water Intake: 4" diameter HDPE, 2-McDonald 5-Series Pumps.

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet) *mm*

For Municipal purposes from 01/01 to 12/31 amount 0.1 or 48.7 72.3

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.1 (cfs) and/or (b) 48.7 72.3 (acre feet) *mm*

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Approximately 80 Residential Parcels

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	03W	10	M	M	M		M												

Parcel (PIN) no(s) _____

Total number of acres irrigated _____

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.

Water Right No. 95-168

or None ()

13. Remarks: NKWD is a public utility district that provides water to the customers in the service area.

Last Name NKWD

Identification No. 95-8936

SCANNED

AUG 10 2009

Scale: 2 Inches equals 1 mile

A large grid of 16x16 squares, each containing a crosshair pattern. The text "See Attachment #2" is centered in the middle of the grid.

Identification No. 95-8936

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 95-8936 (Attachment #3)

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

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

General Manager _____ of North Kootenai Water District
Title _____ Organization _____

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

General Manager _____ of North Kootenai Water District
Title _____ Organization _____

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

Signature of Authorized Agent Michael R. Boluto Date 8/6/05

Title and Organization District Manager, North Kootenai Water District

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 NKWD Identification No. 95-8936