

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 95-0078

Date Received: 9/8/2009

Receipt No: NO FEE

Received By: JM

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) C.R. & BE. HOSTETLER 3rd Family LPT. Phone (208) 202-8622
C/O STEPHANIE HOSTETLER PALMER

Mailing Address 16230 Greenwood Lane Monte Sereno CA Zip 95030
Street or Box City State

2. Date of Priority: (Only one per claim) 7/25/1961
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Hayden Lake
which is tributary to (b) WATER SINKS INTO GROUND

4. Location of Point of Diversion is: Township S1N, Range 03W, Section 10,
SE 1/4 of NE 1/4, or Govt. Lot 5 BM. County of Kootenai;

Parcel (PIN) no. 0-2820-000-008-0

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

Push pump in Lake - Pressure tank in
Pump house - Connected to one home

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

For Domestic purposes from 01-01 to 12-31 amount 0.02 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs (X) or AFY ()

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

Stockwater and Number of livestock) ONE HOME

9. Location of Place of Use is: Township 51 N, Range 03 W, Section 10,
SE 1/4 of NE 1/4, Govt. Lot 5 BM. Parcel (PIN) no. _____
if different than shown in Item 4

for (Check One) Domestic (X) Stock () Domestic and Stock ()

Additional places of use, if any Domestic CRP N/A

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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License () Permit () Decree (X)

Court Kootenai Co District Ct. Decree Date 3/23/1973 Plaintiff v. Defendant Hayden Lake ADD

If applicable provide IDWR Water Right Number 95-0078

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: ONE

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) Clifford R. Hostetler Date: 9/8/09
Barbara E. Hostetler CO-TRUSTEE Date: 9/8/09
CO-TRUSTEE

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

TRUSTEES FOR CEB HOSTETLER 3rd FAM. of _____
Title LPP 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____