

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 45-150Date Received: 10/2/2009Receipt No: NO FEEReceived By: lmm

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) CONSTANCE J GONYON Phone (208) 772 5635Mailing Address 4063 E. JACOBS LADDER TR HAYDEN ID Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) 4/9/54 6/30/52
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) LAKE (HAYDEN)
which is tributary to (b) SINKS4. Location of Point of Diversion is: Township 51N, Range 3W, Section 20,
NW 1/4 of NE 1/4, or Govt. Lot 2 BM. County of KOOTENAIParcel (PIN) no. 0-3220-000-034-AAdditional points of diversion if any: NAIf 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.

PIPELINE OUT IN THE WATER GOING TO A PUMP
ON LAND SUMMER 1980 SPRINKLER SYSTEM WAS ADDED

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

For IRRIGATION OF YARD purposes from 4/9/54 to 6/30/52 amount .02
Month/Day Month/Day cfs() or AFY ()For 0 purposes from 0 to 0 amount 07. Total Quantity claimed .02 cfs () or AFY () .57 AF

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

Stockwater and Number of livestock) 1 home

9. Location of Place of Use is: Township 51N, Range 3W, Section 20

NW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** ()

Additional places of use, if any LOTS 33+34 SAME PARCEL NO. (PIN)

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 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.

NORTH KOOTENAI WATER DISTRICT 95-8639 or None ☒

13. Remarks: OTHER DISTRICT WATER RIGHTS CB

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

Court KOOTENAI Decree Date 03/23/1973 Plaintiff v. Defendant HAYDEN LAKE ADJ.

If applicable provide IDWR Water Right Number 95-150

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: 1

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) Constantine [Signature] Date: 10/2/09

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____