

* PLEASE SEE ATTACHED DOCUMENTS FOR PREVIOUS
CLAIM OF THIS FILING. INHERITED PROPERTY AFTER
PREVIOUS OWNER DIED 1991.

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

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 _____

Date Received: 6-16-09

Receipt No: NO20920

Received By: cm **RECEIVED**

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

JUN 16 2009

IDWR/North

1. Name of Claimant(s) BRAUTIGAM, LYNDIA M. ETAL Phone (509) 926-5456

Mailing Address 3923 S. RIDGEVIEW DR. Spokane, WA Zip 99206
Street or Box City State

2. Date of Priority: (Only one per claim) 6/1/1930
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Spirit Lakes
which is tributary to (b) Spirit Creek

4. Location of Point of Diversion is: Township 53N, Range 04W, Section 07,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI COUNTY
Parcel (PIN) no. 53N04W077900

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.

2 PUMPS AND MOTORS WITH PIPELINES TO HOUSE AND LAWN. ONE PUMP IS
USED FOR FIRE PROTECTION AND IRRIGATION, AND OTHER FOR DOMESTIC

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

For DOMESTIC purposes from 1/1 to 12/31 amount .04 cfs
Month/Day Month/Day cfs (✓) or AFY ()

For LAWN IRRIGATION AND PROTECTION purposes from 1/1 to 12/31 amount .04 cfs
Month/Day Month/Day cfs (✓) or AFY ()

7. Total Quantity claimed .04 cfs 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) SINGLE HOUSEHOLD AND LAWN

9. Location of Place of Use is: Township 53N, Range 04W, Section 07,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 53N04W077900
for (Check One) Domestic ☒ Stock () Domestic and Stock () If different than shown in Item 4

Additional places of use, if any _____

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.

_____ or None ()

13. Remarks:

OWNERS. LYNDIA BENURIGAM (DAUGHTER OF DECEASED)
DOUGLAS WARD (SON OF DECEASED) RONALD WARD (SON OF DECEASED)

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 95-9744

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) Ronald Ward Date: 6/8/09
Lyndia Benurigam Date: 6/15/09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____