

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 95-11449Date Received: 6/11/2009Receipt No: NO20882Received By: dm

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

RECEIVED

JUN 15 2009

IDWR/North

1. Name of Claimant(s) COPE FAMILY TRUST Phone (509) 466-4514Mailing Address 8315 N LUCIA CT SPOKANE WA Zip 99208
Street or Box City State2. Date of Priority: (Only one per claim) APRIL 30 1970 KC
~~JUNE 30, 1973~~
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (☒) (a) SPIRIT LAKE
which is tributary to (b) SPIRIT CREEK4. Location of Point of Diversion is: Township S3N, Range 05W, Section 13,
NE 1/4 of NW 1/4, or Govt. Lot 3 BM. County of Kootenai;Parcel (PIN) no. 0-1340-000-001-0Additional 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.

Submersible pump in lake with ~~p~~ piping to 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 .04 cfs(4) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (☒ or AFY ())

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

Stockwater and Number of livestock) 1 home @ small lawn

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9. Location of Place of Use is: Township 53N, Range 5W, Section 13,
NE 1/4 of NW 1/4, Govt. Lot 3 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 _____

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:

Existing water system to draw water from lake
was not operational and in poor condition at time of land
original cabin modified and expanded from 1973 to 1984.

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 _____

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: 2 attachments 3 pages

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

TRUSTEE of COPE FAMILY TRUST,
Title Organization

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

TRUSTEE of COPE FAMILY,
Title Organization

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

Signature of Authorized Agent Ruthleen A. Cope Date 6/11/09

Title and Organization TRUSTEE, COPE FAMILY TRUST

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. _____

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