

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 95-939
Date Received: 7/15/2009
Receipt No: NO Fee
Received By: *WJ*

**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)
COLLEEN GROTHJOHN Phone: (208)687-3247
10226 W BLAINE RD
RATHDRUM ID USA 83858
OR
RALPH S BROOKS Phone: (208)687-3247
10226 W BLAINE RD
RATHDRUM ID USA 83858
2. Date of Priority: 05/01/1959
3. Source: TWIN LAKES Trib. to: RATHDRUM CREEK
4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
53N	05W	35	SE SE 1	KOOTENAI	
5. Description of diverting works:
6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	03/15	11/15	0.02	0.6
7. Total Quantity Appropriated is:
0.02 C.F.S. and/or 0.6 A.F.A.
8. Total consumptive use:
9. Non-irrigation uses:
10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
53N	05W	35	SE SE 1	DOMESTIC	
11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

PLACE OF USE ALSO KNOWN AS LOT 13, BLK. B, LAKE FOREST HOMESITES. FOR EXTERIOR USE ONLY.

15. Basis of Claim: Decreed

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 0

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): Colleen S. Hotz Date: 7/15/09

Date: _____