

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 95-12937

Date Received:

Receipt No: N025124-716110Received By: 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 2010

IDWR / NORTH

1. Name of Claimant(s) Alan W. Knott Phone (509) 299-5206Mailing Address 24424 W. Thorpe - Medical Lake Wn. Zip 99022
Street or Box City State2. Date of Priority: (Only one per claim) October 5, 2006
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 48N, Range 4 W, Section 19,
NE 1/4 of SE, 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. _____

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.

250' well with 6" steel casing - completed depth
is 260' with submersible pump - domestic use = 20 GPM

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

For domestic purposes from Jan 1 to Dec 31 amount .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .05 cfs (X) or AFY () 20 GPM

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

Stockwater and Number of livestock) One household

9. Location of Place of Use is: Township 48N, Range 4W, Section 19,
NE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Kootenai Co.
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: _____

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 permit # 840820 (well drill permit)

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 - Well drill report

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) Alan M. Knott Date: 6-14-201

_____ 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. _____

