

**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 95-9147

Date Received: 10-27-09

Receipt No: NO 22628 I +

Received By: cm NO 22630:

**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

Please type or print clearly

1. Name of Claimant (s) City of Post Falls Phone (208) 777-9857

Mailing Address 408 N. Spokane St. Post Falls ID 83854

Street or Box City State

2. Date of Priority (Only one (1) per claim) 07-02-2002
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____

which is tributary to (b) Rathdrum Prairie Aquifer

4. a. Location of Point of Diversion is: Township 50N, Range 05W, Section 08,

NW, 1/4 of NW, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. _____

Additional points of diversion if any: PLEASE SEE ATTACHED SHEET

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. _____

Wells and Pumps

4. a. Additional points of diversion:

Twp 50N, Range 05W Sec 1 (NE, SE) Sec 1 (NW, SW) Sec 8 (NE, NE) County of Kootenai

Twp 51N Range 05W Sec 34 (NW, NE) Sec 34 (NE, NE) Sec 27 (SW, SE) Sec 34 (NW, NW) County of Kootenai

Last Name City of Post Falls Identification No. 95-9147

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)
For Municipal purposes from 1/01 to 12/31 amount 5.79 or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 5.79 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Municipal

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel (PIN) no(s) _____ Total number of acres irrigated _____

10. In which county (ies) are lands listed above as place of use located? Kootenai

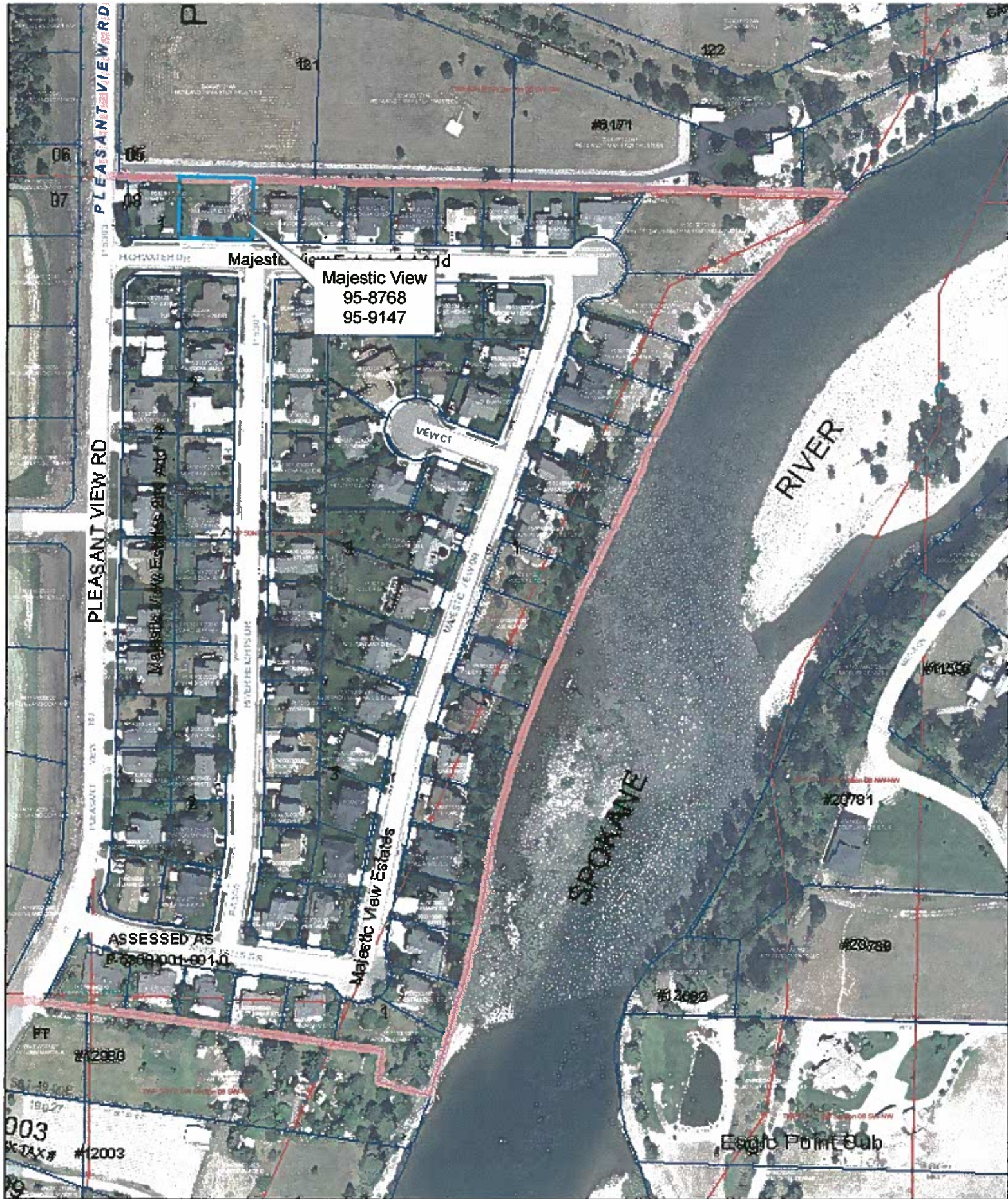
11. Do you own the property listed above as place of use? Yes (✓) No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

95-4457, 95-4458, 95-4460, 95-7436, 95-8048, 95-8862, 95-3137 or None ()

13. Remarks: Municipal use within the boundaries of the City of Post Falls

Last Name City of Post Falls Identification No. 95-9147



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: 103 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) Jerry Fullmer Date: 23 Oct 09

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Public Works Director _____ of City of Post Falls _____,
Title Organization

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

Public Works Director _____ of City of Post Falls _____,
Title Organization

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

Signature of Authorized Agent Jerry Fullmer Date 24 Sept 09

Title and Organization Public Works Director - City of Post Falls

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 City of Post Falls Identification No. 95-9147