

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 95-8547

Date Received: 01/11/2010

Receipt No: NO23324

Received By: Jim

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Robert J. Roman, Karen L. Roman Phone (208) 773-2010

Mailing Address 30530 W. Riverview Dr, Post Falls ID ZIP 83854
Street or Box City State

2. Date of Priority (Only one (1) per claim) June 8, 1987 (PER ATTACHED WATER LICENSE)
Month Day Year (YYYY)

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

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 50N, Range 06W, Section 13,
NW, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. 50N06W-13-1050

Additional points of diversion if any: N/A

If available, GPS Coordinates N/A

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.

well completed in 1968, No well record available
Connected To Trailer ~~Pipe~~ To 2002 RR, System utilizes
Dam for storage.

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic purposes from 01/01 to 12/31 amount 0.04 or 1.2

For Recreational storage purposes from 01/01 to 12/31 amount 0.30 or 54.0

For Diversion To storage purposes from 01/01 to 12/31 amount 0.30 or 55.2

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.30 (cfs) and/or (b) 55.2 (acre feet)

8. Non-irrigation uses; describe fully (eg, Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) one home, Dam used to impound water for storage

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	
SON	06W	13	D	~~RS~~															
SON	06W	13	RS			RS													
SON	06W	13		DTS															

Parcel (PIN) no(s) 1150 SON06W-13-1150 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 (X) 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.

_____ or None (X)

13. Remarks: Claim being filed for new home using the same point of diversion (well)

Last Name

Roman

Identification No.

95-8547

14. Basis of Claim (Check One) Beneficial Use () Posted Notice ~~XXXX~~ License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-8547

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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) Robert J Roman Date: 12-8-09

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 Roman Identification No. 95-8547