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: 94-7718

Date Received: 9/13/2010

Receipt No: T091720

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

SCOTT ELLINGSON Phone:(208) 512-5636
PO BOX 347
PINEHURST ID 83850

2. Date of Priority: 6/7/1947

3. Source: ROSE LAKE Tributary to: COEUR D ALENE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
49N	01W	33	NW SE	7	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	6 /15 8 /30	0.01	0

7. Total Quantity Appropriated is: 0.01 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	01W	33	NW SE	7	DOMESTIC	
						Section Acres

10. Place of use in counties: KOOTENAI

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: This is when my grandad built our summer cabin on Rose Lake. I assume this is when we first started using lake water.

Description of use:	Water Use	Description
	DOMESTIC	The only water at our lake cabin comes from a pump with it's suction pipe in the lake. Water from this pump is used for washing dishes, showering and watering the lawn only. Since this is only a summer cabin, use is limited to the weekends during the months of June, July and August only. The flow rate shown is only when the pump is running which is intermitent, i.e. when water is turned on for one of the services listed.

14. Basis of Claim: Beneficial Use

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or 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 or 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 _____
Please print name