

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

CIVIL CASE NUMBER: ~~39576~~ ⁴⁹⁵⁷⁶

OF RIGHTS TO THE USE OF WATER FROM

THE ~~SNAKE~~ RIVER BASIN WATER SYSTEM

Coeur d'Alene Spokane

Ident. Number 95-8545

Date Received: 5/6/2010 1

Receipt No: *NO24387*

Received By: *BM*

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RICHARD N LYNCH Phone: (208)664-1101

1291 N GALENA DR

COEUR D ALENE ID USA 83814-5916

GLORIA R LYNCH Phone: (208)664-1101

1291 N GALENA DR

COEUR D ALENE ID USA 83814-5916

2. Date of Priority: 04/28/1987

3. Source: FRENCH GULCH CREEK Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	03W	18	NW NE	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.13	40.3

7. Total Quantity Appropriated is: 0.13 C.F.S. and/or 40.3 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
50N	03W	18	NE	NE	IRRIGATION	1
			NW	NE	IRRIGATION	9
			SW	NE	IRRIGATION	1.5
Section Acres						11.5
Total Acres						11.5

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? No

13. Other Water Rights Used:

14. Remarks: any questions please call Mona Lynch 664-1101 (208)

This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for irrigation of the lands above.

15. Basis of Claim: License

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 Snake 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.

Coeur d'Alene Spokane

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): X Richard A. Lynch Date: 5-8-10

X Gloria R. Lynch Date: 5-8-10

~~State of Idaho~~

)) SS.

~~County of _____)~~

~~Subscribed and sworn (or affirmed) before me this~~

~~of _____ 20__~~

~~Notary Public~~

~~Residing at~~

~~My commission Expires _____~~