

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 95-13883

Date Received: 7/23/10

Receipt No: N 25282

Received By: [Signature]

RECEIVED

DEC 15 2010

IDWR/NORTHERN

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

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SEP - 9 2009

IDWR/North

1. Name of Claimant(s) MARTIN GUNDA AFFORDANCE STORAGE Phone (208) 772 5000Mailing Address 54299 N OLD HW 95 ATHOL ID 83801
Street or Box City State Zip2. Date of Priority: (Only one per claim) 8-24 09
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) WELL
which is tributary to (b) _____4. Location of Point of Diversion is: Township T52N, Range R3W, Section 18,
1/4 of _____ 1/4, or Govt. Lot _____ BM. County of KOOTENAI;Parcel (PIN) no. 01300000030Additional points of diversion if any: 54299 N OLD HW 95 ATHOL ID 83801

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.

WELL N RW PUMP 8-2-03 DEPTH 90 FEET

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

For STORAGE FACILITY purposes from _____ to _____ amount _____
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 13000 cfs () or AFY () GAL DAY

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

Stockwater and Number of livestock 8 HORSES 1 HORSE

SCANNED SCANNED

JUL 23 2010 SEP - 9 2009

9. Location of Place of Use is: Township T52N, Range R3W, Section 18

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock ☒

If different than shown in Item 4

Additional places of use, if any FIRE PROTECTION

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.

FIRE PROTECTION WATER RIGHTS or None ()

13. Remarks: DRINKING WATER

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: _____

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) [Signature] Date: 9/8/09

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. _____

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JUL 23 2010

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