

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 95-14661

Date Received: 11/13/2009

Receipt No: N022823

Received By: AM

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) JOHN H. AND DEBBY L. KINNEY Phone (208) 773-1894

Mailing Address 312 S. RICHARDS RD. POST FALLS ID. ZIP 83854
Street or Box City State

2. Date of Priority (Only one (1) per claim) JUNE 18 1993
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 50 N, Range 5 W, Section 7,
NW 1/4 of SW, 1/4 Govt. Lot _____, BM., County of KOOTENAI

Parcel (PIN) no. 50N05W-07-3750

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: N/A

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.

SEE ATTACHED 4/30/93 DRILLER'S
REPORT (DRILLING PERMIT NO 95-93-N-56)

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For 6 BEDROOM HOME purposes from JAN to DEC amount 4.04 or 450 GPD .6

For LAWN/GARDEN purposes from APRIL to OCT. amount 1.08 or 150 GPD .6

For HORSES (3) purposes from JAN. to DEC amount 1.02 or 150 GPD .6

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 7.2 (cfs) and/or (b) 7.2 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 1 HOUSEHOLD 3 HORSES

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	
SDN	5W	7																	
SDN	5W	7																	
SDN	5W	7																	

Parcel (PIN) no(s). SDNPSW-17-375D

Total number of acres irrigated 7.2 GPD

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.

SEE ATTACHED ASSIGNMENT OF WATER RIGHT or None ()

13. Remarks: CAMP TRAILER WAS USED FOR DOMESTIC USE DURING AND PRIOR TO NEW HOME CONSTRUCTION. TRAILER IS CURRENTLY REGISTERED IN KOOTENAI COUNTY

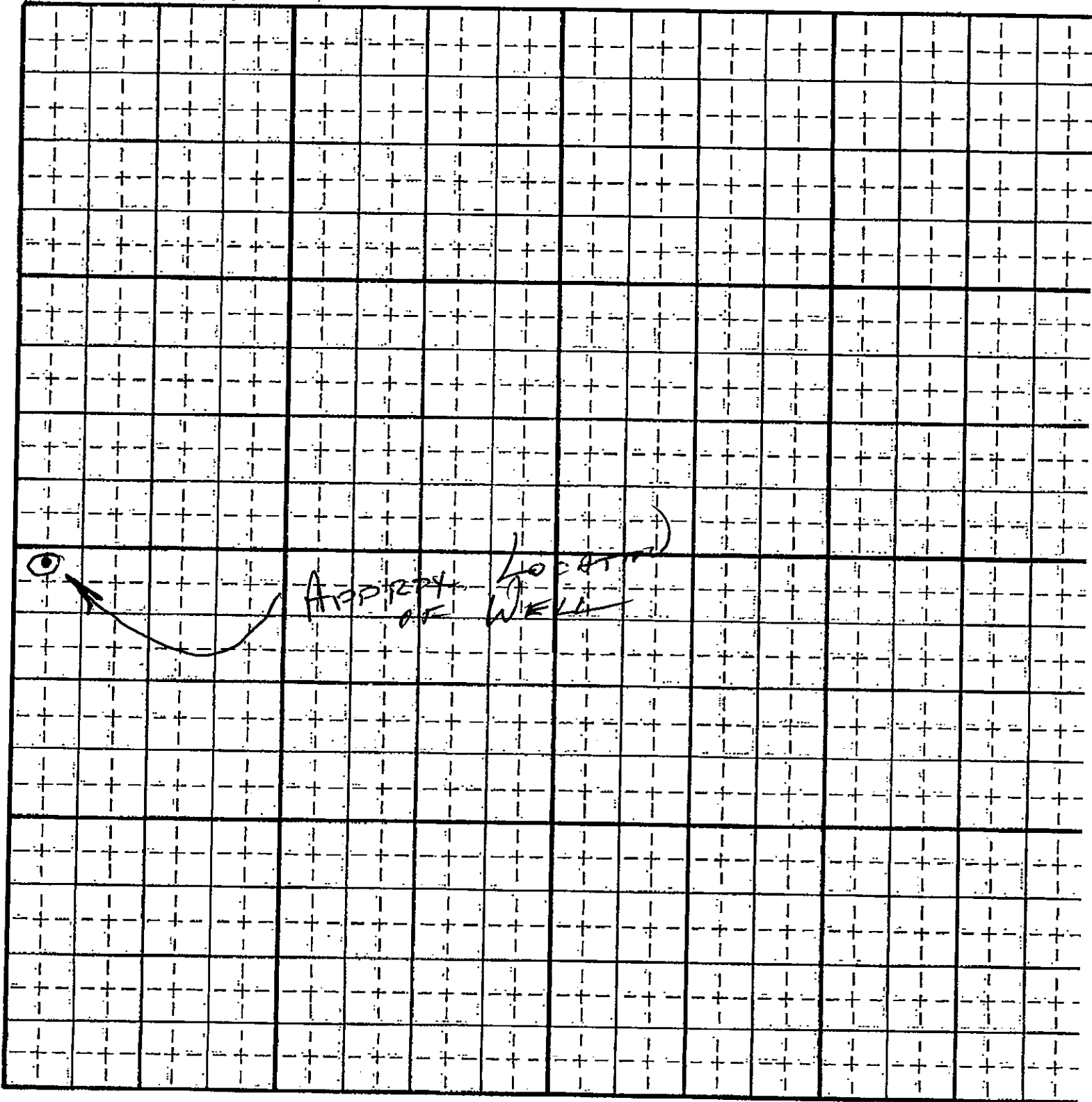
DOMESTIC USE IS FOR ONE HOME

Last Name KINNEY Identification No. _____

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile

SECTION 7, T5N, R5W



Last Name

KINNEY

Identification No.

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3 JAK

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) _____

Date: 11/11/09

Date: 11/12/09

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 _____ Date _____

Address _____

Last Name

KINNEY

Identification No. _____

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]



A Touchstone Energy® Cooperative 

Attn: Shawn

KOOTENAI ELECTRIC		CONSUMER INQUIRY		inp037.p	
11/13/09	1299425	Kinney, John H	S Richards Rd 312		
PAGE 1		ACCOUNT INFORMATION		inp037.gi	
C/O:	STREET:	312 S Richards Rd	STAT:	A	
RT/PO:	CITY ST:	Post Falls ID	CONN DT:	06/18/93	
ZIP:	83854-8268		DISC DT:		
HOME PH:	(000)773-1894		CASH ONLY:	NO	
SSN/EIN:			PAY ARR:	0.00	0.00
DOB:			DRAFT:		
LICENSE:			CR CARD:		
CSP PROG:			BUDGET:		
*** NOTES ***			CURRENT:	0.00	
CHECK USES			OVERDUE:	0.00	
			TOT BAL:	0.00	
			UNBILLED:		
			DEPOSITS:	.00	
			STOP:	NO	
			# STMT:	1	
ENTER NEXT PAGE, <F4>EXIT, <95>MNT, <98>RESELECT, OR <99>OPTIONS:					

KINNEY PIN 50N05W-07-3750

