

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

RECEIVED

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

OCT - 9 2009

IDWR/North

CIVIL CASE NUMBER: 49576

Ident. Number 95-14369Date Received: 10-9-09Receipt No: NO 2246Received By: em

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

1. Name of Claimant(s) Washington Baptist Convention dba Ross Point Baptist Camp Phone 208 773 1655Mailing Address 820 S. Ross Point Rd Post Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 04/08/1948
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township T50N, Range 4W, Section 7,
NW 1/4 of NW 1/4, or Govt. Lot 4 BM. County of Kootenai;
Parcel (PIN) no. 0000 012 0350

Additional points of diversion if any: _____

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

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

For Domestic Use purposes from 1/1 to 12/31 amount .08 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .08 cfs (X) or AFY ()

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

Stockwater and Number of livestock) Camp Ground for up to 200 campers
approximately

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9. Location of Place of Use is: Township 50N, Range 4W, Section 7

NW 1/4 of NW 1/4, Govt. Lot 1 BM. Parcel (PIN) no. 0

If different than shown in Item 4

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

Additional places of use, if any SW of the NW Lot 2, Twp 50N SW NENE Lot 1
SE, NE Lot 1

10. In which county (ies) are lands listed above as place of use located? Kootenai County

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.

_____ or None ☒

13. Remarks:

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: 1

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: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Executive Director of Washington Baptist Conv dba Ross Point
Title Organization

that I have signed the foregoing document in the space below as

Executive Director of Washington Baptist Conv dba Ross Point
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date 10/7/09

Title and Organization Executive Director

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 [Signature]

Address 820 S. Ross Point Rd Post Falls ID 83854

Date 10/7/09

Last Name Batchelder Identification No. 95-14369

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