

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

95-15231
CIVIL CASE NUMBER: 49576
Ident. Number ~~95-20328~~
Date Received: 8-5-09
Receipt No: N021646
Received By: cm

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

AUG - 5 2009

IDWR/North

Please type or print clearly

1. Name of Claimant (s) Excelsior Beach ASSN. Phone (509)-466-0126

Mailing Address P.O. Box 10 Colbert WA. ZIP 99005
Street or Box City State

2. Date of Priority (Only one (1) per claim) 3/13/1917
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other () (a) _____

which is tributary to (b) TWIN LAKES - LOWER

4. a. Location of Point of Diversion is: Township 52 N, Range 4 West BM, Section 7,
NE, 1/4 of _____, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. _____

Additional points of diversion if any: NINE

If available, GPS Coordinates Dept of Lands (AL Bezrosky) Kootenai
Has these

b. If instream flow, beginning point of claimed instream flow is: Spring

Township 52 N, Range 4 W., Section 7, NE, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of Kootenai

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.

Collection Boxes - Surface - Spring flows in
& out in Distribution pipe - TO Distribution
System -

SCANNED

AUG - 5 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic purposes from 6-1 to 9-30 amount 4000^{cfs} or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

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

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Domestic for 42 Summer Cattle 6-1 to 9-30 - Drinking only - NO Toilets NO Showers

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	
	<u>N/A</u>																		

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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

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.

N/A _____ or None ()

13. Remarks: _____

Last Name _____ Identification No. SCANNED

AUG - 5 2009

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) _____ Date: _____

_____ Date: _____

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

Water operator of Excelsior Beach Assn.,
Title Organization

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

Water Assn. operator of Excelsior Beach Assn.,
Title Organization

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

Signature of Authorized Agent George Sullivan Date 8/3-09

Title and Organization Excelsior Beach Assn.

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 _____

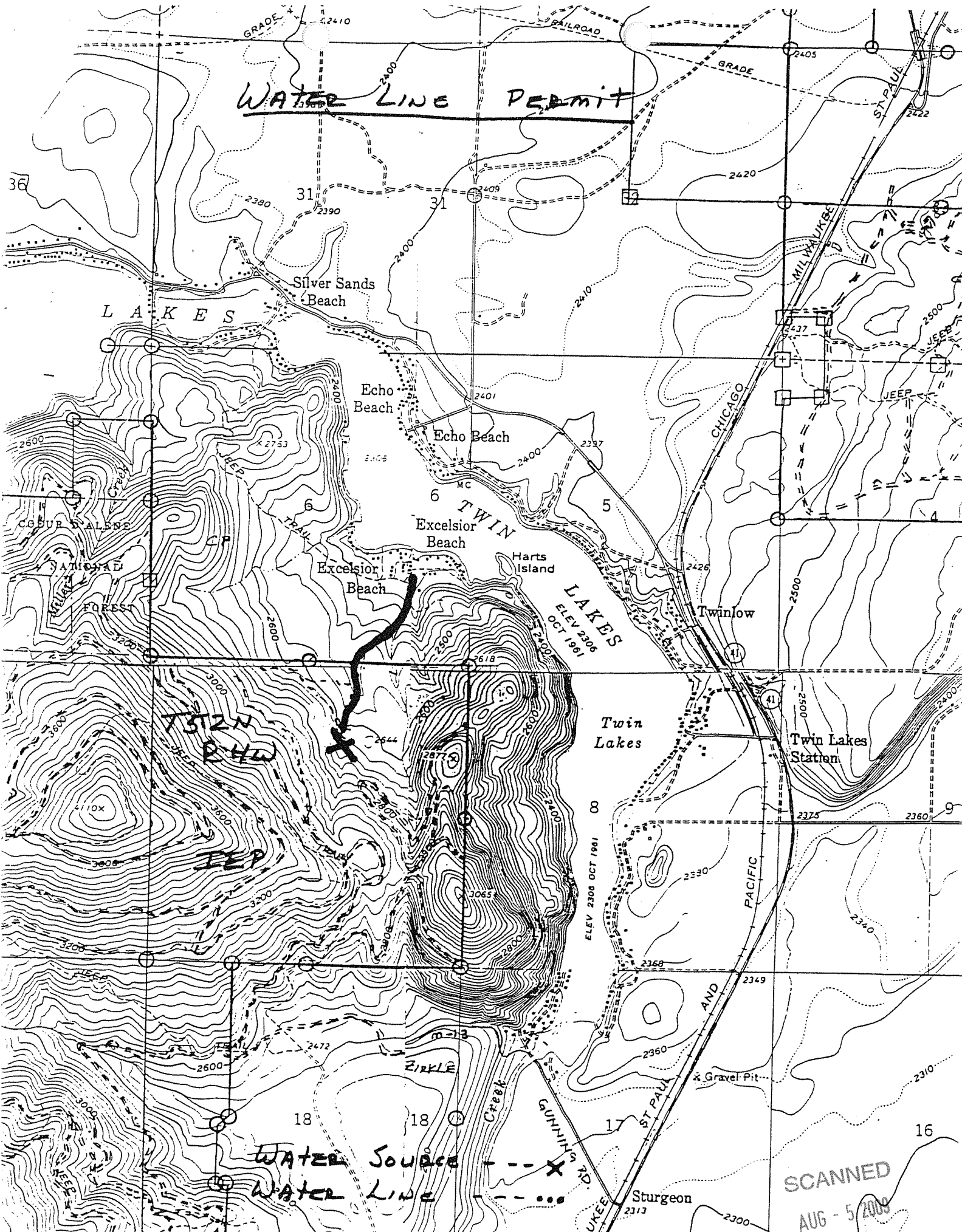
Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED

AUG - 5 2009



SCANNED
AUG - 5 2008

RECEIVED
AUG - 5 2009
IDWR/North

Excelsior Beach Water Assn.
P O. BOX 10 COLBERT WA. 99005

8/3/2009

Dear Mr. Goodwin,

Thanks for forwarding the forms for re-claiming our existing water right. I have completed them. Hopefully , well enough that you can re-file. It appears to me that the fee for this is \$224. I have Enclosed this amount by check. If the forms are not complete enough or the amount is incorrect please advise and I will correct. Thank you again for the help.

Sincerely,

George Sullivan PO Box 10 Colbert Wa. 99005

Phone 509 466 0126

SCANNED

2009-08-05 10:00