

AMENDED

Form No.42-1409-1 (Internet 3/12)

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

ID Number: 95-16464

Date Received: 4-3-12

Receipt No: _____

Amount: _____ By: _____

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) TRINITY WELL USERS ASSOCIATION Phone 208-683-4110
Mailing address PO BOX 886 ATHOL ID 83801
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 2/6/1992
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 53N, Range 03W, Section 10,
SW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of KOOTENAI
Parcel (PIN) no. 53N03W-10-4465
Additional points of diversion if any: NONE
If available, GPS coordinates: N/A
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., 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.
SUBMERSIBLE PUMP IN WELL

SCANNED
MAY 08 2012

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For IRRIGATION purposes from 3/15 to 11/15 amount 0.07 or 6.8

For STOCKWATER purposes from 1/1 to 12/31 amount 0.01 or 0.2

For DOMESTIC purposes from 1/1 to 12/31 amount 0.12 or 5.4

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.12 (cfs) and/or (b) 12.4 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): DOMESTIC USE IS FOR 9 HOMES. 15 HEAD OF MIXED STOCK

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 (e.g. 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	
53N	03W	10					D		D	D	D								
							0.25		1.0	1.0	0.25								2.5
							S		S	S	S								

Parcel (PIN) no(s). SEE REMARKS

Total number of acres irrigated 2.5

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 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.

_____ or None (☒)

13. Remarks:

THE PROPERTY IS OWNED BY INDIVIDUAL PROPERTY OWNERS. INDIVIDUAL PARCELS ARE LISTED AS FOLLOWS.

LOT 1, 0-8275-001-A LOT 7, 53N03W-10-4500 THE ADDITION OF LOT 5 IN THE NENW AND

LOT 2, 53N03W-10-4800 LOT 8, 53N03W-10-4600 LOT 2 IN THE NESW IS DONE AS AN

LOT 3, 53N03W-10-4315 LOT 9, 53N03W-10-4050 ACCOMPLISHED TRANSFER.

LOT 4, 53N03W-10-4450

LOT 5, 53N03W-10-2900

LOT 6, 53N03W-10-4300

Last name TRINITY WELL USERS ASSN. Identification no. _____

SCANNED

MAY 08 2012

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-9944

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: _____

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

Secretary-Treasurer of TRINITY WELL USERS ASSOCIATION,
Title Organization

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

Secretary-Treasurer of TRINITY WELL USERS ASSOCIATION,
Title Organization

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

Signature of authorized agent Michael B. Jones Date 4-2-12

Title and organization Secretary-Treasurer, Trinity Well Users Assoc, Ltd

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.

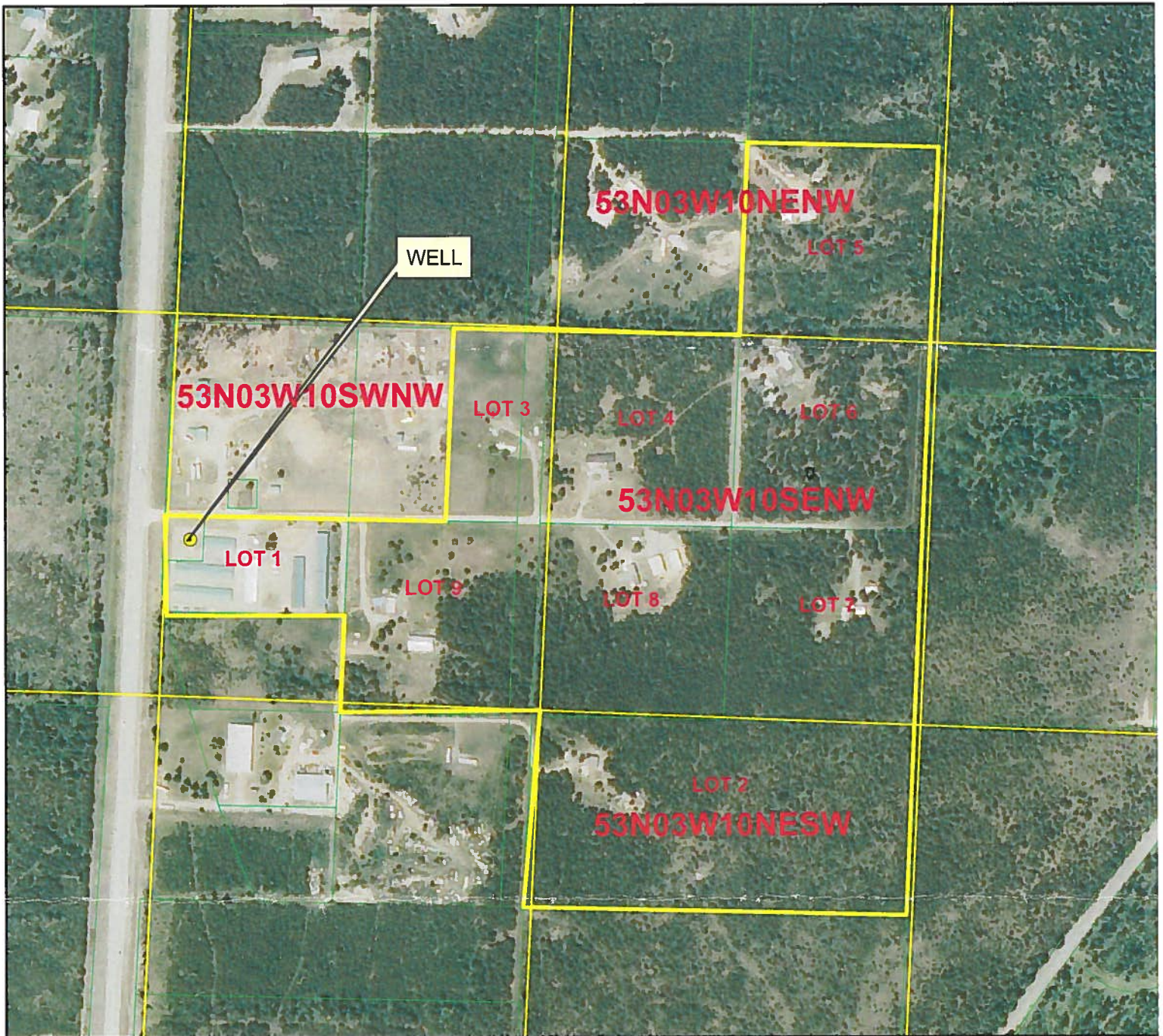
Signature _____ Date _____

Address _____

Last name TRINITY WELL USERS ASSN. Identification no. _____

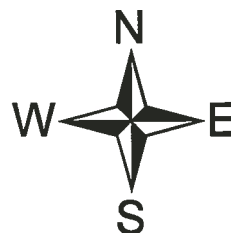
SCANNED
MAY 08 2012

CLAIM 95-9944



Legend

- workingpod
- workingpou
- QQ
- Taxlots



SCANNED
MAY 08 2012