

**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 91-7080
Date Received: 2-18-11
Receipt No: NO26620
Received By: 161

**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

Please type or print clearly

1. Name of Claimant (s) COTTONWOOD POINT WATER & SEWER ASSN. Phone (208) 245-3961

Mailing Address PO BOX 708 ST MARIES ID 83861
Street or Box City State ZIP

2. Date of Priority (Only one (1) per claim) 6/21/1983
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 46N, Range 02W, Section 17,
SE, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of BENEWAH

Parcel (PIN) no. RP00100020049AA

Additional points of diversion if any: 46N02W-17-SENE, RP00100020049AA

If available, GPS Coordinates _____

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

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. 2 WELLS SUPPLY WATER TO MUNICIPAL WATER SUPPLY.

SECOND WELL WAS DRILLED IN 2004 WITH IN THE SAME QUARTER SECTION AS AN ACCOMPLISHED
TRANSFER.

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6. Water is claimed for the following purposes:

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

For MUNICIPAL purposes from 1/1 to 12/31 amount .10 or 40.8

For IRRIGATION purposes from 3/15 to 11/15 amount .05 or 20.4

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.13 (cfs) and/or (b) 61.2 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) MUNICIPAL AND IRRIGATION FOR SUBDIVISION

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	
46N	02W	17	M		M	M				M	M			M	M	M	M		
46N	02W	20		M			M												

Parcel (PIN) no(s). _____

Total number of acres irrigated 6.8

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

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.

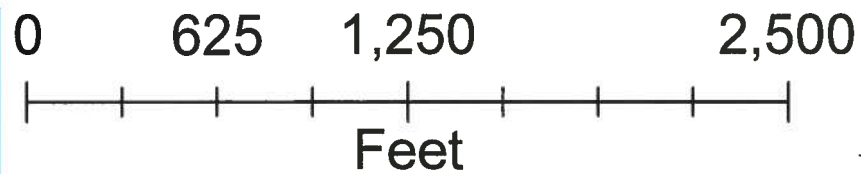
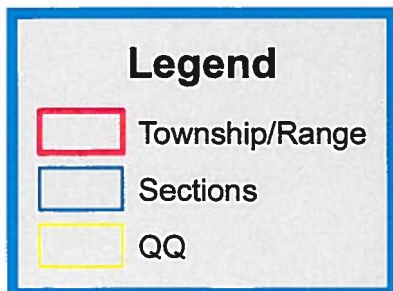
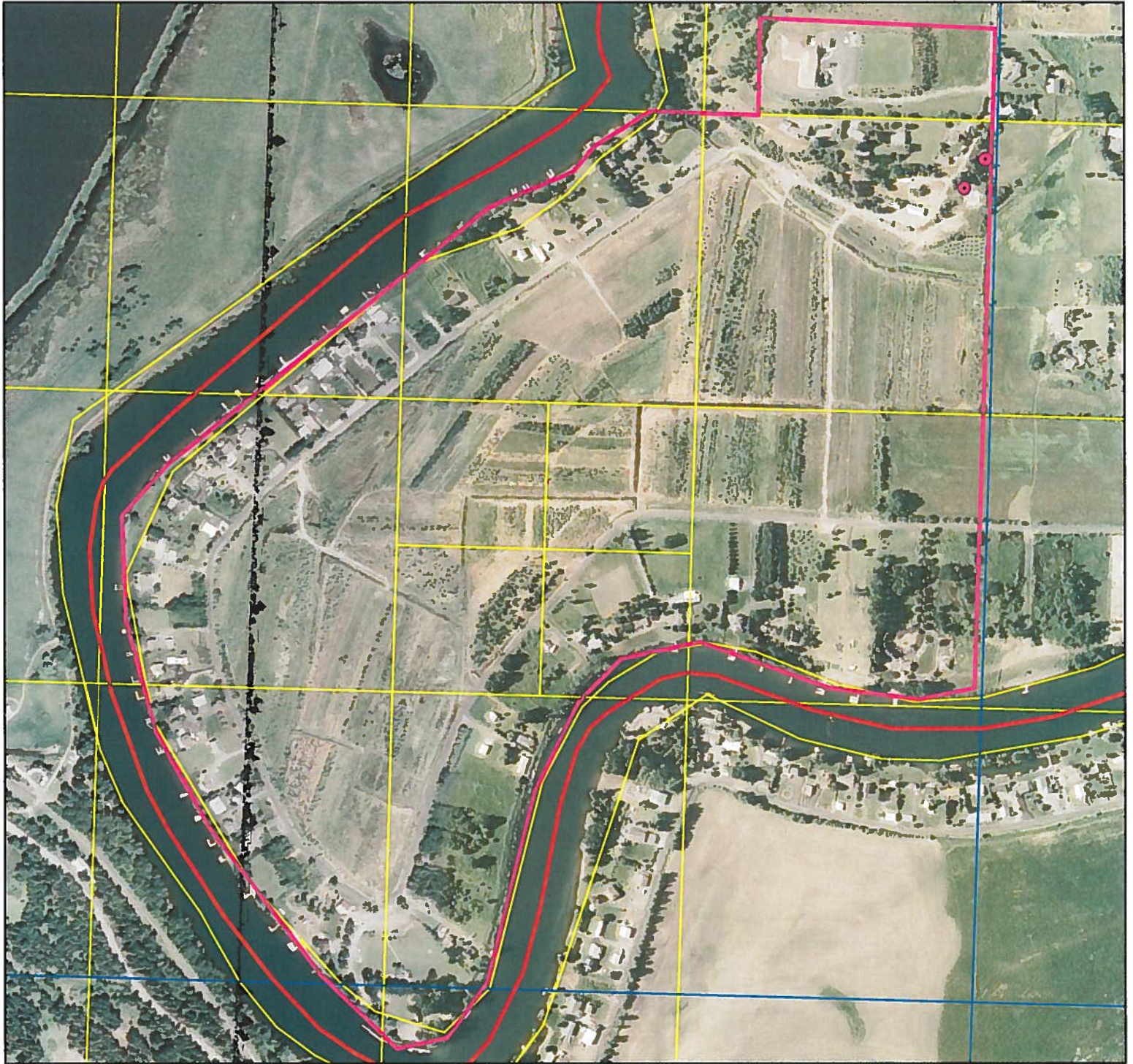
_____ or None (✓)

13. Remarks: _____

Last Name _____ Identification No. _____

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COTTONWOOD POINT



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 91-7080

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

OPERATOR of COTTONWOOD POINT,
Title Organization

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

OPERATOR of COTTONWOOD POINT,
Title Organization

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

Signature of Authorized Agent Barbara Bentley Date 2-18-11

Title and Organization OPERATOR OF COTTONWOOD POINT

16. Notice of Appearance: Barbara Bentley

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 _____ Identification No. _____

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