

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 95-8974Date Received: 11/25/09Receipt No: NO22981Received By: Rae

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) SYDNEY H. OR JULIETTE H. YOUNG Phone (208) 666-1575Mailing Address P. O. BOX 490 POST FALLS, ID Zip 83877-0490
Street or Box City State2. Date of Priority: (Only one per claim) 2008
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) SPOKANE RIVER
which is tributary to (b) LAKE COEUR D'ALENE4. Location of Point of Diversion is: Township 50N, Range 4WBM, Section 8,
NE 1/4 of 1/4, or Govt. Lot 4 BM. County of KOOTENAI COUNTY;
Parcel (PIN) no. 50N04W080335

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.
None6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For IRRIGATION purposes from April to November amount 0.03 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.03 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) _____

NOV 25 2009

SCANNED

Additional places of use, if any _____

11. Do you own the property listed above as place of use? Yes (☒) No (☐)

12. Describe any other water rights used at the same place and for the same purposes as described above.

13. Remarks:

If applicable provide IDWR Water Right Number 95-8974

Number of attachments: _____

Signature of Claimant (s)

Date: 11/25/2009

Date:

_____ of _____
Title Organization

_____ of _____
Title Organization

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
NOV 25 2009