

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 92-10694Date Received: 7-29-11Receipt No: NO27897 BReceived By: Reading

RECEIVED

JUL 29 2011

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

IDWR / NORTH

1. Name of Claimant(s) ESTATE OF GRACE MAXINE REDDEKOPP Phone (208) 746 9784% LYNN REDDEKOPP PRMailing Address 3515 8th ST LEWISTON ID Zip 83501

Street or Box

City

State

2. Date of Priority: (Only one per claim) 1912

Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other () (a) SPRINGwhich is tributary to (b) ST JOE RIVER4. Location of Point of Diversion is: Township 46N, Range 2W, Section 18,
1/4 of 1/4, or Govt. Lot _____ BM. County of BENEFICIALParcel (PIN) no. RP46N02W185600A

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.

SPRING BOX 2'X6' WITH GALVANIZED STEEL ACCUMULATION
TANK

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

For DOMESTIC purposes from 1-1 to 12-31 amount 10 GAL. PER MIN.For STOCK WATER purposes from 1-1 to 12-31 amount 10 GAL. PER MIN.7. Total Quantity claimed 3 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) 1 HOUSEHOLD DOMESTIC 50 HEAD LIVESTOCKSCANNED
AUG - 1 2011

SCANNED

JUL 19 2011

9. Location of Place of Use is: Township 46N, Range 2W, Section 18,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RP 46N 02W 18 5600 A
If different than shown in Item 4
for (Check One) Domestic () Stock () Domestic and Stock (X)

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (X) 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.

NONE or None ()

13. Remarks:

LIVE STOCK WATER FROM CREEK AND PONDS DOWN
STREAM FROM SPRING

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: NONE

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) [Signature] Date: 6-15-2011

Date: _____

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

Title of _____ Organization

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

Title of _____ Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

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] Date 6-15-2011

Address 3515 8th ST LEWISTON ID 83501

Last Name REDDEKOPF Identification No. _____

ASSESSORS OWNERSHIP IS INCORRECT

SCANNED
AUG - 1 2011

SCANNED
JUL 19 2011