

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 94-7004

Date Received: 8-4-10 + 8-10-10

Receipt No: N025349 + N025383

Received By: em

RECEIVED

AUG - 4 2010

IDWR/NORTHERN

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Wallace School District #393 Phone (208) 753-4515

Mailing Address 405 7th Street Wallace ID ZIP 83873
Street or Box City State

2. Date of Priority (Only one (1) per claim) April 27, 1977
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 48N, Range 4E, Section 21,
NE, 1/4 of SWN, 1/4 Govt. Lot _____, BM., County of SHOSHONE

Parcel (PIN) no. RP0290500000-10

Additional points of diversion if any: _____

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. Submersable pump - 5 hp

ANNEXED

SCANNED

AUG 10 2010

AUG - 4 2010

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)
For Irrigation purposes from April 1 to October 1 amount .10 or 3
For purposes from to amount or
For purposes from to amount or
For purposes from to amount or

7. Total quantity claimed (a) .10 (cfs) and/or (b) 3 (acre feet)

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

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	
48N	4E	21									1								1

Parcel (PIN) no(s) RP0290500000-10

Total number of acres irrigated 1

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

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: At one time there were 3 separate water rights associated with the Sather Field property. They were: 94-7004, 94-7097 and 94-7286.

At this time the only well being used at Sather Field is marked on the attached map and labled as "well".
As a result of our research we have concluded that Water Right No. 94-7004 is the water rights associated with this well.

All other water used on Sather Field is supplied by the East Shoshone County Water District.

Last Name

Identification No.

SCANNED
AUG 10 2010
AUG - 4 2010

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 94-7004

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: 2

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

Superintendent of Wallace School District #393,
Title Organization

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

Superintendent of Wallace School District #393,
Title Organization

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

Signature of Authorized Agent [Signature] Date 7-29-10

Title and Organization Robert Ranells, Superintendent, Wallace School District #393

16. Notice of Appearance:

Notice is hereby given that I, MICHAEL K. BRANSTETTER, 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 8/3/10

Address HULL & BRANSTETTER CHARTERED

P.O. BOX 709, WALLACE, ID 83873

SCANNED

AUG 10 2010

SCANNED

AUG - 4 2010

Last Name _____ Identification No. _____