

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 94-7884Date Received: 10-19-09Receipt No: N022509Received By: Ken

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) RON R Rex Phone (208) 682-2747Mailing Address 13346 Tam Rock Ridge Road Id 83810
Street or Box City State Zip2. Date of Priority: (Only one per claim) 1962
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) Spring
which is tributary to (b) _____4. Location of Point of Diversion is: Township 49N, Range 1W, Section 23,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. -2175

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
e: The water source is located beneath Interstate 90. The highway district layed perforated pipe in the
spring and ran piping to a tank near the access road. Water is then pumped from this tank 875 feet up
the hill to two 10,000 gallon concrete storage tanks that are 14' x 14' x 7' deep. Water is then gravity
fed to the residences.

6. water is claimed for the following. (limited to Domestic and/or Stockwater use) (s.)

For Domestic purposes from 1/1 to 12/31 amount 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 3 Homes

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9. Location of Place of Use is: Township 49N, Range 1-W, Section 23,

NE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. -9100
If different than shown in Item 4

for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

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 (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.

_____ or None (X)

13. Remarks:

House Built in 1949 - soarse well
Change To a spring in 1962 when The Hwy Built

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 () 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) Ron R Rep Date: 10-19-9

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 forgoing 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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