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IDWR / NORTH

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 94-8870

Date Received: _____

Receipt No: _____

Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

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IDWR/NORTHERN

Please type or print clearly

1. Name of Claimant (s) Robin Wynne Lake Phone (208) 682-4244
- Mailing Address PO Box 357 Kingston Idaho ZIP 83839
Street or Box City State
2. Date of Priority (Only one (1) per claim) January 1, 1947
Month Day Year (YYYY)

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

4. a. Location of Point of Diversion is: Township 48N, Range 02E, Section 6,
SW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Shoshone

Parcel (PIN) no. RP48N02E068500A

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. _____

Two springs have been developed on this property. The first spring has a 24 inch by 72 inch cylinder for water storage, the second has a 48 inch by 48 inch cylinder for water storage. The house is served by a dedicated water line from each spring. These separate water lines are combined inside the house and attached to the input of a pump, also located within the house.

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6. Water is claimed for the following purposes:

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

For household purposes from January 1 to Decemb 31 amount or 0.00076722

For irrigation purposes from March 15 to October 31 amount or 0.00046033

For general yard purposes from March 1 to October 31 amount or 0.00015344

For purposes from to amount or

7. Total quantity claimed (a) (cfs) and/or (b) 0.00138099 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Domestic, single household; currently no livestock

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	
																	D		.5

Parcel (PIN) no(s) RP48N02E068500A

Total number of acres irrigated .5

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

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 Lake

Identification No.

303301ED
03.11.2010

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 _____

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: 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) Robin Wynne Lake Date: Dec 9, 2011

Date: _____

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

_____ of _____,
Title Organization

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

_____ of _____,
Title 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 _____ Date _____

Address _____

Last Name Lake

Identification No. _____

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