

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 98-737

Date Received: 7/1/2009

Receipt No: NO 21048

Received By: dm

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) KRAFT ROBERT R. ETUX TRUSTEE Phone (208) 687-2472

Mailing Address 9950 W LAKE FOREST LOOP RATHDRUM ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) MAY 1 1960
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) TWIN LAKES
which is tributary to (b) RATHDRUM CREEK

4. Location of Point of Diversion is: Township 53N, Range 05W, Section 35,
SE SW 1/4 of SE 1/4, or Govt. Lot 1 BM. County of KOOTENAI;

Parcel (PIN) no. 0-4520-00B-009-0

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

PIPE IN LAKE - Small pump in Building
1 1/2 hp pump

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

For domestic purposes from 3/15 to 11/15 amount 0.02 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs (✓) or AFY () 6 A P

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

Stockwater and Number of livestock) ONE house and lawn

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9. Location of Place of Use is: Township 53N, Range 05W, Section 35.

SE 1/4 of SE 1/4, Govt. Lot 1 BM. Parcel (PIN) no.

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

Additional places of use, if any N D

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 (✓) 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.

LAKE FOREST HOMEOWNERS ASSOCIATION 95-794 or None ()

13. Remarks:

1 DWR ARC MAP SAYS pod and pou
Located in SE SE NOT SW SE

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License (✓) Permit () Decree ()

Court KOOTENAI CO Decree Date 5-23-1977 Plaintiff v. Defendant —

If applicable provide IDWR Water Right Number 95-737 Twin Lakes Adj

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: 3 (4 pages)

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) Dorothy Grace Kraft Date: 7/1/09
Trustee Date: _____

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

KRAFT ROBERT R. ETUX trustee of KRAFT ROBERT R. ETUX

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

_____ of _____,
Title 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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