

**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 95-871
Date Received: 8/20/2009
Receipt No: NO FEE
Received By: Am

**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) Joan M. Lake Living Trust Phone (208) 687.6140

Mailing Address PO Box 5 Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 05 14 1956
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Twin Lakes
which is tributary to (b) Rathdrum Creek

4. Location of Point of Diversion is: Township 52 N, Range 14 W, Section 5,
NE SE 1/4 of SW 1/4, or Govt. Lot 7 BM. County of Kootenai;

Parcel (PIN) no. 0-2720-000-016-0

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

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.

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

For Domestic purposes from 01-01 to 12-31 amount .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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 Home

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AUG 20 2009

9. Location of Place of Use is: Township 52N, Range 04W, Section 5,

920 NE SE 1/4 of SW 1/4, Govt. Lot 7 BM. Parcel (PIN) no. _____

If different than shown in Item 4

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

Additional places of use, if any NA

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.

95-7713, 95-7027, 95-8522, 95-9217 N. Kootenai Water District or None ()

13. Remarks:

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

Court Kootenai Decree Date _____ Plaintiff v. Defendant Twin Lakes

If applicable provide IDWR Water Right Number 95-08710871

Adjudication

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: 1

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) Joan M. Lake-Ommen Date: 8/20/09

Date: _____

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

Trustee Title of Joan M. Lake-Living Trust Organization

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

Trustee Title of Joan M. Lake-Ommen Living Trust Organization

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

Signature of Authorized Agent Joan M. Lake-Ommen Date 8/20/09

Title and Organization Trustee, Joan M. Lake-Ommen Living Trust

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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