

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 95-31Date Received: 11-19-09Receipt No: None RefReceived 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

RECEIVED

NOV 19 2009

IDWR/North

1. Name of Claimant(s) Patsy M. Small Phone (509) 838-2622Mailing Address 3511 S. Chelsea Ct. Spokane WA. Zip 99203
Street or Box City State2. Date of Priority: (Only one per claim) 08/01/1947
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) Hayden Lake
which is tributary to (b) _____4. Location of Point of Diversion is: Township 51 N., Range 3 W.B.M., Section 19,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of _____;Parcel (PIN) no. 03520000109A

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 enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

Pump with Flexible Tube submerged in lake.

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

For Domestic purposes from 04/01 to 10/31 amount 0.02 cfs(X) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.40 cfs () or AFY (X)

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

Stockwater and Number of livestock) One household; plumbing system
and lawn/plants water.

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9. Location of Place of Use is: Township 51N., Range 3. W.B.M., Section 19,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 03520000109A
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.

N/A or None ()

13. Remarks:

N/A

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

IDA#0;
Court Kootenai Cty Decree Date 1969/1970 Plaintiff v. Defendant Abundant Irr. v. N. IDA Prop.
No. 224187
If applicable provide IDWR Water Right Number 95-0031

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: - 0 -

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) Patsy M. Small Date: 11-18-09

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 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 _____ Identification No. _____

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