

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 95-267

Date Received: _____

Receipt No: No Fee

Received By: WJ

RECEIVED

SEP 08 2009

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

IDWR / NORTH,
772-2976

1. Name of Claimant(s) CLYDE R & MARIANNA M DENNISTON Phone (208) 772-2976

Mailing Address 6232 ENGLISH MOUNT RD HAYDEN LAKE ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 1/23/1908
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) HAYDEN LAKE
which is tributary to (b) SINKS

4. Location of Point of Diversion is: Township S18, Range 3 WBN, Section 16,
SW 1/4 of NW 1/4, or Govt. Lot 2 BM. County of _____;
Parcel (PIN) no. 101126 S1N03W163650

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.

SUBMERSIBLE PUMP - PIPE TO HOME

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 1.04 cfs () or AFY ()
Month/Day Month/Day

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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9. Location of Place of Use is: Township SIN, Range 3 W 13 N, Section 16,
SW 1/4 of NW 1/4, Govt. Lot 2 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 N/A

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.

_____ or None (☒)

13. Remarks: ACCOMPLISHED TRANSFER OF .02 CFS
DOMESTIC AND .02 IRRIGATION TO .00 DOMESTIC
FOR IRRIGATION LESS THAN 12 ACRES

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

Court KOOTENAI Decree Date 4/15/1971 Plaintiff v. Defendant HAYDIS BAKER
ADJ

If applicable provide IDWR Water Right Number 95-0267

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: 2

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) Cheryl R. Rimmert Date: 8/31/09
Marganna M. Denniston Date: 8/31/09

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 _____

Address _____

Date _____

Last Name DENNISTON Identification No. _____

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