

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 95-740Date Received: 7/30/2009Receipt No: N021574Received 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

RECEIVED

JUL 30 2009

1. Name of Claimant(s) JOHN JO ELLER AND BILL O'HALLORAN Phone (208) 509 328 4937 509 328 4937Mailing Address 6715 N GREENWOOD SPOKANE WA Zip 99208
Street or Box City State2. Date of Priority: (Only one per claim) 05-01-1954
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) TWIN LAKES
which is tributary to (b) RATHBURN CREEK4. Location of Point of Diversion is: Township 53 N, Range 5 W, Section 35,
SW 1/4 of SE 1/4, or Govt. Lot 1 BM. County of KOOTENIA;
Parcel (PIN) no. 0-4500-00A-014-0Additional points of diversion if any: NIAIf available, GPS coordinates: NIA

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.

Foot Valve 1/2 horse pump
Supply 1 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 3-15 to 11-15 amount 0.2 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.2 cfs () or AFY () 66 AFA

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

Stockwater and Number of livestock) 1 home

SCANNED

JUL 30 2009

9. Location of Place of Use is: Township 53N, Range SW, Section 35,
SW 1/4 of SE 1/4, Govt. Lot 1 BM. Parcel (PIN) no. R 450
If different than shown in Item 4
for (Check One) **Domestic** (X) **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 (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.

95-7168 LAKE FORREST HOME ASSOCIATION or None ()

13. Remarks:

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

Court Kootenai Decree Date 5-23-1977 Plaintiff v. Defendant 32572

If applicable provide IDWR Water Right Number 95-740 TWIN LAKES

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 (X) do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2 3 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) William O'Hall Date: 7-30-09

J. Ellen O'Halloran Date: 7-30-09

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 _____ Identification No. _____

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