

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 95-775

Date Received: 9/3/9

Receipt No: No Fee

Received By: _____

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

SEP - 3 2009

IDWR/North

1. Name of Claimant(s) Patrick and/or Kimberley McConahy Phone (509) 928-4059

Mailing Address 11805 N. Forker Rd. Spokane WA Zip 99217
Street or Box City State

2. Date of Priority: (Only one per claim) 4/03/1968
Month/Day/Year (YYYY)

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

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

Parcel (PIN) no. 0-4500-00B-001-A

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.

Foot valve submerged in lake with a pump in
a pump house on shore.

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 .02 CFS
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .02 CFS cfs () or AFY () .60 AF

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 53N, Range 05W, Section 35,
SE 1/4 of SE 1/4, Govt. Lot 1 BM. Parcel (PIN) no. 0-4500-00B-001-A
If different than shown in Item 4
for (Check One) **Domestic** (X) **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 (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.

We receive drinking water from 95-7168 Lake Forest Homes
or None ()

13. Remarks:

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

Court Kootenai Dist Decree Date 4/19/1989 Plaintiff v. Defendant Twin Lakes ADJ
COURT

If applicable provide IDWR Water Right Number 95-0775

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: 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) Peter M McConahy Date: 9/2/09

Kimberly K McConahy Date: 9/2/09

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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