

Gina Orlando
9500 785IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-785Date Received: 7/31/2009Receipt No: NO FEEReceived By: Jim

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) ⁹⁰ Gina Orlando Family Revocable Living Trust Phone (509) 624 3497Mailing Address S. 1833 Maple Spokane WA Zip 99203
Street or Box City State2. Date of Priority: (Only one per claim) 04/01/1956
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (☒) (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township S2, Range 4 west, Section 5,
SW 1/4 of SE 1/4, or Govt. Lot 8 BM. County of Kootenai;Parcel (PIN) no. 0-2580-020-001-0Additional points of diversion if any: NAIf 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.

PIPE into Lake with pump inside pump house on pressure tank
speakeer for yard

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 .020 cfs or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed ^{.020} ~~1300~~ 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) One Home pick up Domestic use

SCANNED

JUL 31 2009

9. Location of Place of Use is: Township S2, Range 4 West, Section 5,
SW 1/4 of SE 1/4, Govt. Lot 8 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 _____

10. In which county (ies) are lands listed above as place of use located? Kootenai County

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.

i. State of Idaho, county of Kootenai April 23 1906 and Recorded in U of M.S. Rec. Pg 310 " or None ()
PERMS to Lake Level of Twin Lakes

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (✓) ⁷⁰ Posted Notice () License () Permit () Decree (✓)

Court Kootenai Decree Date May 23 1977 Plaintiff v. Defendant 32572
Twin Lake Adjudication
If applicable provide IDWR Water Right Number 9500785

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: 3
90

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) _____ Date: _____

_____ Date: _____

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

Trustee Title _____ of Orlando Family Revocable trust Organization _____

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

Trustee Title _____ of Orlando Family Revocable trust Organization _____
GENA ORLANDO

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. _____