

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 95-855

Date Received: 8/26/09

Receipt No: NO FEE

Received By: K. RECEIVED

NOTICE OF CLAIM TO A WATER RIGHT

AUG 26 2009

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR/North

Cell (509) 953-4436

Phone (208) 687-6041

1. Name of Claimant(s) FRED V. + OR SANDY K
HEIDLING

Mailing Address W. 9350 Twin Lks Rd Rathdrum ID 83858
Street or Box City State Zip

2. Date of Priority: (Only one per claim) MAY 1 1956
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other ☒ (a) TWIN LAKES
which is tributary to (b) RATHDRUM CREEK

4. Location of Point of Diversion is: Township S1N, Range 03W, Section 22,
NW 1/4 of SE 1/4, or Govt. Lot 2 BM. County of Kootenai;
Parcel (PIN) no. 0-4560-00E-007-A

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 installed in LAKE, connected
to ONE 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 4-15 to 10-15 amount 0.02
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) ONE HOME.

(with)
STACY MAXCY

SCANNED
AUG 26 2009

9. Location of Place of Use is: Township 51N, Range 03W, Section 22,
NW 1/4 of SE 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 NA

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

95-2206 upper twin lakes WATER CO or None ()

13. Remarks:

Original system replaced 2001

* Attached FAX from Paine-Hamblen is from adjacent prop owner

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

Court Nootena Decree Date 5-23-77 Plaintiff v. Defendant TWIN LAKES

If applicable provide IDWR Water Right Number 95-855

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: _____

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) + Fred Heebeling Date: 8-24-09

+ Sandy K. Heebeling Date: 8-24-09

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. _____

SCANNED

AUG 26 2009