

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 95-7286

Date Received: 11-16-09

Receipt No: N022697 + N022848

Received By: unw **RECEIVED**

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

NOV 03 2009

Please type or print clearly

1. Name of Claimant (s) MALABAR MOBILE HOME PARK Phone (425) 453-9193 IDWR / NORTH

Mailing Address P.O. Box 1086 BELLEVUE WA ZIP 98009
Street or Box City State

2. Date of Priority (Only one (1) per claim) JUNE 10, 1973
Month Day Year (YYYY)

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

4. a. Location of Point of Diversion is: Township 50 N, Range 5 W, Section 5,
NW, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of KOOTENAI

Parcel (PIN) no. P-3900-05-003 AB (and) P-3900-05-014 AB

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. WATER SYSTEM IS SERVED BY A 6'

WELL OF UNKNOWN DEPTH LOCATED IN A LOCKED "WATER BUILDING"

LOCATED IN THE NW CORNER OF THE PROPERTY Adj. to SPACE # 16.

THE WELL DRAWS FROM THE RATHDRUM PRAIRIE AQUIFER. WATER
IS DISTRIBUTED TO USERS BY A 3 HP SUBMERSIBLE PUMP
CONTROLLED BY A 40/60 PRESSURE SWITCH.

SCANNED

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6. Water is claimed for the following purposes: municipal
(both dates are inclusive MM-DD) (cfs) (acre feet)
 For municipal purposes from Jan. 1 to Dec 31 amount 0.2 or 27.6
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 7. Total quantity claimed (a) 0.2 (cfs) and/or (b) 27.6 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) municipal for mobile home park.

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
 b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
SDN	SW	5		✓															

Parcel (PIN) no(s). P.3900-05-003AB (and)
P.3900-05-014AB

Total number of acres irrigated 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 your 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.

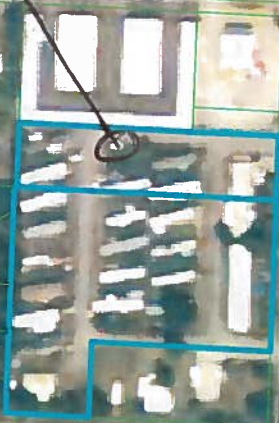
_____ or None ☒

13. Remarks: _____

Last Name _____ Identification No. COANED

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WELL HOUSE
WATER RIGHT
95-4286
SW 1/4 Sec 3, T2N 50N RGE 5W



RECORDED
NOV 10 2003

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-7286

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: 1 (aerial photo)

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

OWNER Title of MALABAR MOBILE HOME PARK, Organization

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

OWNER Title of MALABAR MOBILE HOME PARK, Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent James Hendon Date OCT 30, 2009

Title and Organization owner, Malabar Mobile Home Park.

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

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