

**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 95-7344
Date Received: 9/09/2009
Receipt No: NO FEE
Received By: JML

**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) Terry J. & Dolores J. La Liberte Phone (208) 687-1032

Mailing Address 24271 N. Fish Lake Rd Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) August 20, 1973
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 53N, Range 04W, Section 31,
SW 1/4 of SW 1/4, or Govt. Lot 4 BM. County of Kootenai;
Parcel (PIN) no. 04720008001A

Additional points of diversion if any: _____

If available, GPS coordinates: _____

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.
1/2 HP Pump

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from 1/01 to 12/31 amount 0.01 cfs() or AFY()
For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.01 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) _____

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9. Location of Place of Use is: Township 53N, Range 04W, Section 31,
SW 1/4 of SW 1/4, Govt. Lot 4 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

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.

NORTH KOOTENAI WATER DISTRICT 95-8522 or None ()
95-7827 95-7138
95-7713 95-9217
95-9199 95-8639

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License () Permit () Decree (✓)
Court KOOTENAI Decree Date 04/19/1989 Plaintiff v. Defendant TWIN LAKES ADS
If applicable provide IDWR Water Right Number 95-7344

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: 342

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)

Jennifer L. Liberto Date: 090809
Dolores J. La Liberto Date: 9/8/09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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