

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 94-9080Date Received: 09/30/2010Receipt No: N025867Received 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) Rasor Family Trust Phone (509) 466-2924

Mailing Address 716 E Timberwood Circle, Spokane, WA Zip 99208
Street or Box City State

2. Date of Priority: (Only one per claim) 04/04/1949
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other (✓) (a) Lake pump
 which is tributary to (b) Medicine Lake

4. Location of Point of Diversion is: Township 47N, Range 2, Section 03
(MEDICINE LAKE)

DM S 1/2 NW 1/4 of NW 1/4, or Govt. Lot 03,04 BM. County of Kootenai

Parcel (PIN) no. 47N02W033100-AIN#125041

Additional points of diversion if any: SPRING (SAME LEGAL AS ABOVE)

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.

Surface spring - pump & pipeline - domestic (drinking water) Lake pump (irrigation)

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For <u>Domestic drinking</u>	purposes from <u>Jan 1</u> to <u>Dec 31</u>	amount <u>.04</u>	cfs () or AFY ()
For <u>irrigation & fire suppression</u>	purposes from <u>Mar 1</u> to <u>Oct 1</u>	amount <u>.04</u>	

7. Total Quantity claimed .08 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) 2 part-time households Common ownership

OF TRUST

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9. Location of Place of Use is: Township 47N, Range 2, Section 03,

SW S 1/2 NW 1/4 of NW 1/4, Govt. Lot 03,04 BM. Parcel (PIN) no. (same)
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? 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.

N/A or None ()

13. Remarks:

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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: 0

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 _____ of Rasor Family Trust,

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 Daniel H. Rasor Date 9/30/10

Title and Organization Rasor Family Trust

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. _____

SCANNED

SEP 30 2010