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Form No. 42-1409-2 (Internet 11/08)

IDWR/North
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 95-3738Date Received: 8/25/09Receipt No: NP21864Received By: RJ

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) Leo R. Simpson Phone (270) 208-762-2460 3203733

Mailing Address PO Box 989 Hayden ID Zip 83835
 Street or Box City State

2. Date of Priority: (Only one per claim) 03/01/1957
 Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (x) (a) Hayden Lake
 which is tributary to (b) sinks

4. Location of Point of Diversion is: Township 51N, Range 3W, Section 4,
 1/4 of _____ 1/4, or Govt. Lot 5 BM. County of Kootenai;
 Parcel (PIN) no. 51N03W047705

Additional points of diversion if any: None

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.

Electric Pump with suction line in lake

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

For domestic purposes from 1/1 to 12/31 amount 0.02 cfs or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs (x) 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

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9. Location of Place of Use is: Township 51N, Range 3W, Section 4,
1/4 of _____ 1/4, Govt. Lot 5 BM. Parcel (PIN) no. 51N03W047705
If different than shown in Item 4
for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any none

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 (X) 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.

_____ or None (X)

13. Remarks: The tax lot stated is the property with the existing house. Changing period of use by accomplished transfer.

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

Court _____ Decree Date 06/17/1971 Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-37

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 4

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) Alvin R Simpson Date: 08/25/2009

Date: _____

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. _____

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