

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

ID Number: 95-16928

Date Received: 10-1-2014

Receipt No: N030854

Amount: 25 By: LW

RECEIVED

OCT - 1 2014

IDWR/NORTHERN

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) CPHCDA INVESTMENTS LLC Phone 509-838-6774
Mailing address 2824 S. PITTSBURG SPOKANE WA ZIP 99203
Street or Box City State
2. Date of priority (only one (1) per claim) JUNE 1 1952
Month Day Year (yyyy)
3. Source of water supply (check one) ☒ Ground Water () or Other () (a) LAKE COEUR D'ALENE
which is tributary to (b) SPOKANE RIVER
4. a. Location of point of diversion is: Township 49N, Range 03W, Section 04
FINNEY TRACTS 1ST ADD TO BLK 6, LT 16, BLK 6
1/4 of 1/4, or Govt. Lot , B.M., County of
Parcel (PIN) no. 025400060160
Additional points of diversion if any: NONE
If available, GPS coordinates: LATITUDE 47.6259 LONGITUDE 116.7264
b. If instream flow, beginning point of claimed instream flow is: Township , Range ,
Section , 1/4 of 1/4, or Govt. Lot , B.M., County of
ending point is: Township , Range , Section , 1/4 of 1/4 or
Govt. Lot , B.M., 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.
ONE HALF H.P. PUMP TEN GALLONS PER MINUTE

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For DOMESTIC purposes from JAN 1 to DEC 31 amount .03 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .03 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): DOMESTIC ONE HOUSEHOLD

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 (e.g. 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	
<u>4N</u>	<u>03W</u>	<u>04</u>																	

Parcel (PIN) no(s). 025400060160

Total number of acres irrigated _____

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 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 (X)

13. Remarks:

Last name _____ Identification no. _____

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: 3

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

Camille E. Haskins of CPHCDA INVESTMENTS LLC,
Herbert M. Snickson Organization

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

OWNER MANAGER of CPHCDA INVESTMENTS LLC,
Title Organization

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

Signature of authorized agent Herbert M. Snickson Date 10-1-12

Title and organization OWNER CPHCDA INVESTMENTS LLC

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. _____