

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 94-8977

Date Received: 12-12-11

Receipt No: NO 2-8800

Received By: cm

RECEIVED

DEC 12 2011

IDWR/NORTHERN

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) Norman J. Wiegler, Co-Trustee Sophia Armbruster Living Trust Phone (509) 385-7349

Mailing Address 1110 E. 42nd Street Spokane WA Zip 99203
Street or Box City State

2. Date of Priority: (Only one per claim) 1946
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Spring
which is tributary to (b) a natural spring from Castle Rock Mountain behind house into holding tank

4. Location of Point of Diversion is: Township 48N, Range 05E, Section 18,
1/4 of 1/4, or Govt. Lot BM. County of ;
Parcel (PIN) no. RP48N05E185550

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.
natural spring gravity feed to a holding tank on Armbruster property

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

For Domestic purposes from 1-31 to 12-31 amount 13,000 less cfs(✓) or AFY()

For purposes from to amount

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) (1) single family household

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9. Location of Place of Use is: Township 48N, Range 05E, Section 18,
_____ 1/4 of _____ 1/4, Govt. Lot _____ 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 None

10. In which county (ies) are lands listed above as place of use located? Shoshone

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.

_____ or None (✓)

13. Remarks:
Attached please find the following: picture of the house in relationship to the holding tank and spring. map
of 59 Granite Road, Wallace, map addendum, Plat map

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

Number of attachments: 7

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

_____ 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, Hollis J. Anderson, 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 Hollis J. Anderson Date 12/8/11

Address 416 Sixth Street, Wallace, Idaho 83873

Last Name Armbruster Living Trust Identification No. _____

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