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IDAHO / 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

ID Number: 94-8970

Date Received: 10/19/15

Receipt No: N028807

Amount: \$2500 By:

AMENDED

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

Please type or print clearly

- Name of claimant(s) MULTIPLE CLAIMANTS - SEE ATTACHED Phone 208-772-2026
Mailing address SEE ATTACHED Street or Box City State ZIP
- Date of priority (only one (1) per claim) 8/31/2000 Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 49N, Range 4E, Section 5,
NE 1/4 of NE 1/4, or Govt. Lot _____, B.M., County of _____
Parcel (PIN) no. RP00350001016AA
Additional points of diversion, if any: _____
If available, GPS coordinates _____
- 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.
SHALLOW WELL
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 3/15 to 11/15 amount 0.04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): DOMESTIC TO SERVE 5 RV PADS

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OCT 19 2015

9. Location of place of use is: Township 49N, Range 4E, Section 5, NE 1/4 of NE 1/4,
or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____
For (check one) ☒ Domestic (x) ☐ Stock () ☐ Domestic and Stock ()

Additional places of use, if any: _____

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 (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:

ROBERT BURLINGAME DUG WELL IN AUGUST 2000

14. Basis of claim (check one) Beneficial Use (x) 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: 2

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) * SEE ATTACHED * 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, _____, 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 _____

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OCT 19 2015

NAME AND ADDRESS OF CLAIMANT(S)

SIGNATURE OF CLAIMANT(S)

ROBERT L BURLINGAME
PO BOX 1838
HAYDEN, ID 83835
(208) 772-2026

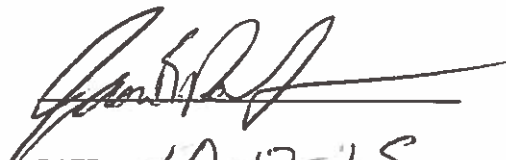

DATE: 10-17-15

AND

ROSEMARY L BURLINGAME
PO BOX 1838
HAYDEN, ID 83835
(208) 772-2026
AND


DATE: 10-17-15

JASON R BURLINGAME
PO BOX 1417
RATHDRUM, ID 83858
(208) 755-4691


DATE: 10-17-15

AND

WENDY D BURLINGAME
PO BOX 1417
RATHDRUM, ID 83858
(208) 755-4691


DATE: 10-17-15

AND

CLINTON BURLINGAME
PO BOX 1032
RATHDRUM, ID 83858
(208) 755-4694 & (208) 687-2170


DATE: 10-17-15

AND

RACHEL BURLINGAME
PO BOX 1032
RATHDRUM, ID 83858
(208) 755-4694 & (208) 687-2170


DATE: 10-17-15

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NAME AND ADDRESS OF CLAIMANTS

SIGNATURE OF CLAIMANT(S)

MICHELLE M THORP
8114 N VANTAGE DR
HAYDEN, ID 83835
(509) 413-3254

Michelle M Thorp

DATE: 10/18/15

AND

ANDY B THORP
8114 N VANTAGE DR
HAYDEN, ID 83835
(509) 413-3254

Andy B Thorp
DATE: 10/17/15

AND

LORMAN D BROWN
PO BOX 3067
POST FALLS, ID 83877
(208) 773-2883

Lorman D Brown

DATE: 10-17-15

AND

ALICE M BROWN
PO BOX 3067
POST FALLS, ID 83877
(208) 773-2883

Alice Brown

DATE: 10-17-15

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