

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 95-16071

Date Received: 5-28-10

Receipt No: 11024577

Received By: mm **RECEIVED**

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

MAY 28 2010

IDWR/North

1. Name of Claimant(s) Porcupine Trail, LLC Phone (208) 798-5425

Mailing Address 1635 Wheatlands Avenue Lewiston ID Zip 83501
Street or Box City State

2. Date of Priority: (Only one per claim) 1898
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Lake Coeur d'Alene & Spring
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 49N, Range 4WB, Section 1,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. _____

Additional points of diversion if any: South half of NW quarter and the NE quarter of the SW quarter and lot 6

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. Springs (2) and pump from 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 05/01 to 10/01 amount .02 cfs(✓) or AFY()

For Irrigation purposes from 06/15 to 09/15 amount .02

7. Total Quantity claimed .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) Domestic lake cabin served by springs; (2) irrigation of .5 acres
from lake

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9. Location of Place of Use is: Township 49N, Range 4WB, Section 1,
1/4 of 1/4, Govt. Lot BM. Parcel (PIN) no. 49N04W016650

for (Check One) Domestic (X) Stock () Domestic and Stock () If different than shown in Item 4

Additional places of use, if any _____

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 (✓)

13. Remarks:
Spring use started approximately 1898; lake use in 1948

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: _____

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

John F. Porter
of Porcupine Trail, LLC

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

Member of Porcupine Trail, LLC

[illegible]

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

Signature of Authorized Agent [Signature] Date 5-24-10

Title and Organization Porcupine Trail, 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.** _____

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