

**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**

AMENDED

CIVIL CASE 49576
NUMBER:
Ident. Number: 95-07849
Date Received: NO22277
Receipt No.: 9-29-09

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ECHO BAY TERRACE HOMEOWNERS ASSOCIATION	P O BOX 3246	COEUR D ALENE	ID	USA	83816

2. Date of Priority:

Date	Explanation
5/2/1980	When subdivision was recorded and all permits issued for development

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	03W	7	2	NW	NE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
AR DOMESTIC MUNICIPAL	1	*	domestic for subdivision home owners Please note our original claim was approved as municipal usage and we should continue with this classification.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
AR DOMESTIC MUNICIPAL	1/1	12/31

7. Quantity:

Water Use	CFS	AF	KW
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SCANNED

SEP 29 2009

DOMESTIC | 0.140 | 31.20 | 0.0

Totals:

CFS	AF	KW
0.140	31.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
<i>WR</i> DOMESTIC MUNICIPAL	49N	03W	7	NW	NE	KOOTENAI	2	-

9. Basis of Claim:

Basis	WaterRight
License	95-07849

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 1

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 *Paul DeFuch* Date 9/29/09
 Title and Organization Secy/Treas Echo Bay Terrace Homeowner's Assn
 Please print name

SCANNED

SEP 29 2009