

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

RECEIVED

OCT 26 2009

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

IDWR / NORTH

CIVIL CASE NUMBER: 49576

Ident. Number 95-14519Date Received: 10-26-09Receipt No: 11022590Received By: em

AMENDED

1. Name of Claimant(s) Robert E. Lackey & Cheryl Carlson Phone (208) 773-2844 (208) 699-7481 cell firstMailing Address P.O. Box 521 Post Falls ID. Zip 83827
Street or Box City State2. Date of Priority: (Only one per claim) 10-14-09
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 49° north Kootenai, Range 3 west, Section 4,
1/4 of _____ 1/4, or Govt. Lot 5 BM. County of Kootenai;Parcel (PIN) no. 0700003005AAdditional points of diversion if any: 5402 Squaw Bay Rd. Harrison, ID.If available, GPS coordinates: Lat 47° 37' 15.5" Long 116° 44' 28.0"

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.

well - 275' Aqua Drilling on 10-4-05

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

For Domestic Water purposes from 10-4-05 to 12-31-11 amount 0.64 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

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 Home

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9. Location of Place of Use is: Township 49 N, Range 3 W, Section 4,
1/4 of _____ 1/4, Govt. Lot 5 BM. Parcel (PIN) no. _____

for (Check One) Domestic ☒ 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 ☒ 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.

N/A or None ☐

13. Remarks:

N/A

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) Robert Lackey Date: 10-14-09

B. Carlson Date: 10-14-09

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, Robert Lackey, 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 Robert Lackey

Address PO Box 521 P.F. ID. 83877

Date 10-14-09

Last Name _____ Identification No. _____

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APR 28 2011

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