

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 95-13472Date Received: 11/21/2010Receipt No: NO 23444 #Received By: KJ

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

- Name of Claimant(s) Aspen Springs Assisted Living LLC Phone (208) 363-2314
Mailing Address PO Box 1508 Spirit Lake Id Zip 83869
Street or Box City State
- Date of Priority: (Only one per claim) 12/31/2001
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion is: Township 54N, Range 4W, Section 18,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Banner;
Parcel (PIN) no. RP54N04W180008A
Additional points of diversion if any: None
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.
Submersible pump in well
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For domestic purposes from 1/1 to 12/31 amount 0.04 cfs ☒ or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.04 cfs ☒ or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) 1 assisted living facility

SCANNED
JAN 21 2010

9. Location of Place of Use is: Township 54N, Range 4W, Section 18,
NE 1/4 of NE 1/4, Govt. Lot - BM. Parcel (PIN) no. RP54N04W180008A
for (Check One) Domestic () Stock () Domestic and Stock () If different than shown in Item 4

Additional places of use, if any None

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

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:

Do not use more than 2,500 gal per day

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: 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

administrator of Aspen Springs Assisted Living
Title Organization

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

administrator of Aspen Springs Assisted Living
Title Organization

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

Signature of Authorized Agent Rebecca L Stola Date 1-22-2010

Title and Organization administrator - Aspen Springs Assisted Living

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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JAN 21 2010

WELL

POU

54N04W18NENE

