

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: 95-2166

Date Received: 10-21-16

Receipt No: NO.32253

Amount: \$69⁰⁰ By: NS

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

Please type or print clearly

1. Name of claimant(s) CITY OF POST FALLS Phone (208) 777-9857
Mailing address 408 N SPOKANE ST POST FALLS ID 83854
Street or Box City State ZIP

2. Date of priority (only one (1) per claim) 10/14/1964
Month Day Year (yyyy)

3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of point of diversion is: Township 50N, Range 05W, Section 01,
NW 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of KOOTENAI

Parcel (PIN) no. _____

Additional points of diversion if any: PLEASE SEE ATTACHMENT

If available, GPS coordinates: _____

b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____

5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

WELLS AND PUMPS

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For MUNICIPAL purposes from 01/01 to 12/31 amount 1.40 or 142

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.40 (cfs) and/or (b) 142 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): MUNICIPAL

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel (PIN) no(s). _____ Total number of acres irrigated _____

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 (x)
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.
95-4457, 95-4458, 95-4460, 95-7436, 95-8048, 95-8862, 95-9137, 95-9147 or None ()

13. Remarks:

MUNICIPAL USE WITHIN THE BOUNDARIES OF THE CITY OF POST FALLS

Last name CITY OF POST FALLS Identification no. _____

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-2166

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 (X) 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) [Signature] Date: 10-5-16

Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Public Services Director of City of Post Falls
Title Organization

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

Public Services Director of City of Post Falls
Title Organization

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

Signature of authorized agent [Signature] Date 10-5-16
Title and organization Public Services Director - City of Post Falls

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 CITY OF POST FALLS Identification no. _____

CITY OF POST FALLS POINTS OF DIVERSION

(Well #1) NW¼NW¼, Sec. 34, Twp 51N, Rge 05W, B.M., Kootenai County

(Well #2) NW¼NW¼, Sec. 34, Twp 51N, Rge 05W, B.M., Kootenai County

(Well #3) NE¼NE¼, Sec. 34, Twp 51N, Rge 05W, B.M., Kootenai County

(Well #4) NW¼SW¼, Sec. 1, Twp 50N, Rge 05W, B.M., Kootenai County

(Well #5) SW¼SE¼, Sec. 27, Twp 51N, Rge 05W, B.M., Kootenai County

(Well #6) L1 NE¼NE¼, Sec. 2, Twp 50N, Rge 05W, B.M., Kootenai County

(Well #7) SW¼SE¼, Sec. 27, Twp 51N, Rge 05W, B.M., Kootenai County

(Well #8) NW¼NW¼, Sec. 34, Twp 51N, Rge 05W, B.M., Kootenai County

(Well #9) NE¼SE¼, Sec. 1, Twp 50N, Rge 06W, B.M., Kootenai County

(Majestic Well 1) L1 (NW¼NW¼), Sec. 8, Twp 50N, Rge 05W, B.M., Kootenai County

(Majestic Well 2) L1 (NW¼NW¼), Sec. 8, Twp 50N, Rge 05W, B.M., Kootenai County

(Majestic Well 3) L1 (NW¼NW¼), Sec. 8, Twp 50N, Rge 05W, B.M., Kootenai County