

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 95-2094

Date Received: 12-11-09

Receipt No: NO 23024 F

Received By: um

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

DEC 11 2009

IDWR/North

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

2. Date of Priority (Only one (1) per claim) 12-19-1951
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) Rathdrum Prairie Aquifer

4. a. Location of Point of Diversion is: Township 50N, Range 05W, Section 02,
NW, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., 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

SCANNED

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Irrigation purposes from 04/01 to 10/31 amount 1.25 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) 1.25 (cfs) and/or (b) (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Irrigation

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: 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	
50N	05W	02	40				40												80

Parcel (PIN) no(s).

Total number of acres irrigated 80

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 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.

or None ()

13. Remarks: Municipal irrigation within the boundaries of the City of Post Falls. This water license was issued to Manuel Schneidmiller for irrigation. When this property was subdivided and annexed into the City, the City now provides water to the area covered by this license to use. Therefore, the City believes this license to use should be adjudicated to the City for water the City is providing.

Last Name City of Post Falls

Identification No. 95-2094

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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: 39 pages

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) Jerry Culen Date: 11 Dec 09

Date: _____

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

Public Works Director _____ of City of Post Falls _____,
Title Organization

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

Public Works 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 Jerry Culen Date 11 Dec 09

Title and Organization Public Works 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. 95-2094 **SCANNED**

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