

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 95-8341

Date Received: 6-11-10

Receipt No: N1024883 NO29067

Received By: ew

RECEIVED

JUN 11 2010

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Wolf Lodge Inn LLC Thomas Eagle Phone (208) 664-6665 B

Mailing Address 11741 E. Frontage Ad. CDA Id. ZIP 83814
Street or Box City State

2. Date of Priority (Only one (1) per claim) June 13 1983
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Well
which is tributary to (b) —

4. a. Location of Point of Diversion is: Township 49N, Range 2W, Section 5,
1 1/3 sec, 1/4 of —, 1/4 Govt. Lot —, BM., County of Kootenai

Parcel (PIN) no. 49N02W-05-1000 95-8341

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.

Well - about 180 ft deep. This well is a replacement well
and was drilled and approved 2 years ago.

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Restaurant - Commercial purposes from Jan. 1 to Dec. 31 amount .06 or _____

For Home next to Restaurant purposes from Jan 1 to Dec 31 amount .04 or _____

For Irrigation purposes from March 15 to Oct. 15 amount .03 or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .13 (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.) One Household - One Restaurant

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	
49N	2W	5	2	D+C															2

Parcel (PIN) no(s). 49N02W-05-1000

Total number of acres irrigated 2

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

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: _____

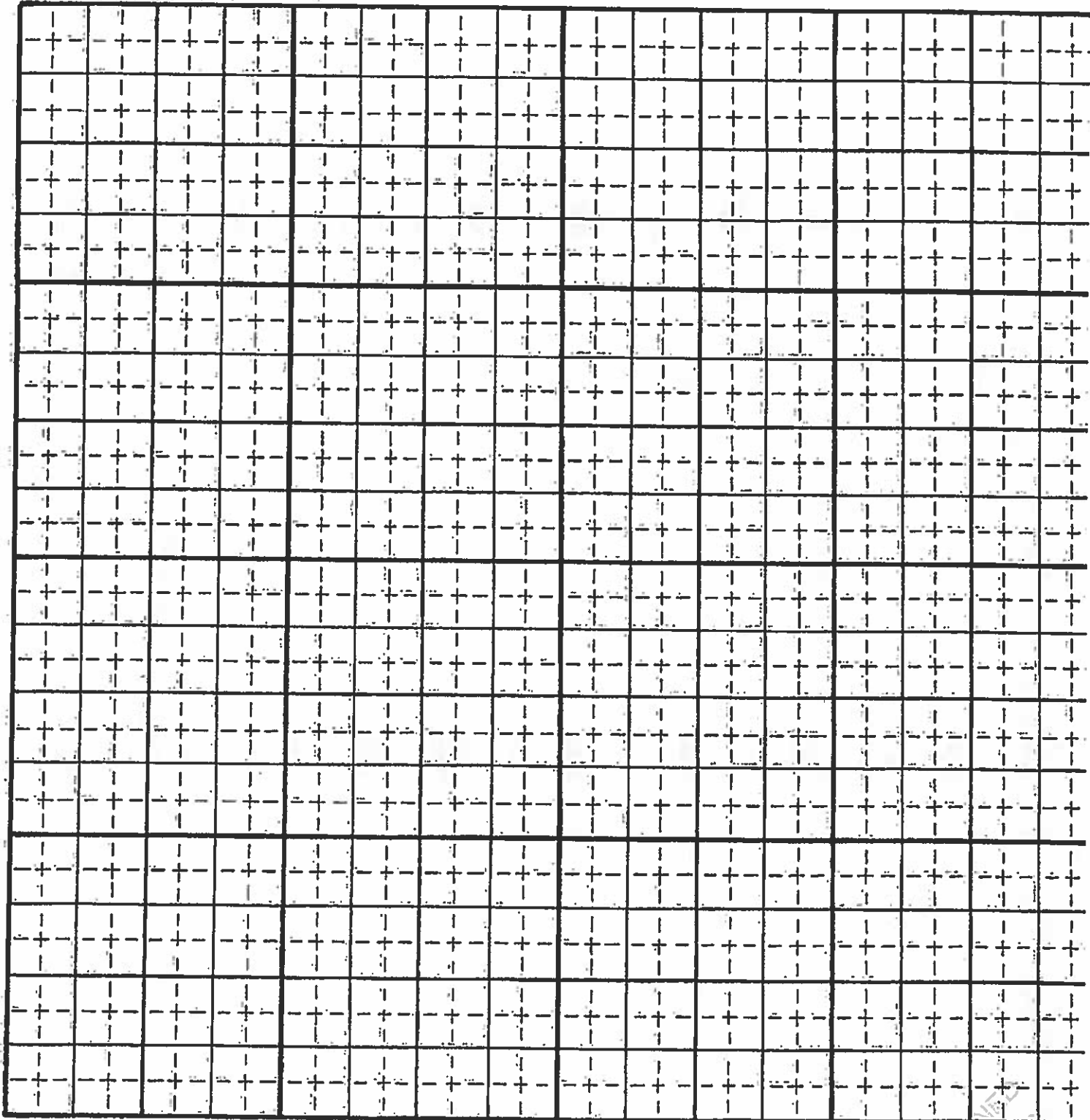
Last Name _____ Identification No. _____

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Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile

See Attachment.



Last Name _____ Identification No. _____

SCAN VIEW
JUN 11 2015

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 95-8341

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: ONE

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) Thomas Engle Date: 6-6-10

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, _____, 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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