

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 95-14859

Date Received: 12/28/9

Receipt No: 2023157A

Received By: lu

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

1. Name of Claimant(s) Arlene Dickinson Phone () 773-1210Mailing Address 1189 N. Glasgow Dr. Post Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) Sept 20, 1994
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 50 N, Range 4 W, Section 5
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 0-8900-001-001-0

Additional points of diversion if any: _____

If available, GPS coordinates: _____

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 and Pump

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

For Domestic purposes from 01-01 to 12-31 amount .04 cfs () or AFY ()
Month/Day Month/Day

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) Home Shop Facilities

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9. Location of Place of Use is: Township 50N, Range 4W, Section 5,
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50N04W-05-9250
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

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.

_____ or None (☒)

13. Remarks:

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) Arloa Dickinson Date: 12-28-09

Date: _____

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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Washington Water Power

800) 992-9137

ACCOUNT NUMBER

2223197

HUETTER SPEEDWAY
HUETTER RD
COEUR D ALENE, ID 83814

ENERGY USE

TYPE OF SERVICE	METER NUMBER	RATE SCH	METER READINGS			MULTI-FACTOR	ENERGY USAGE	CITY FEE	AMOUNT
			TYPE	PRESENT	PREVIOUS				
ELECTRIC	57709689	011	ESTIMATE	7688	7677	10	110	0.00	11.28
ENERGY CHARGES THIS BILL									11.28



32 DAYS OF SERVICE

FROM SEP 20 1994

TO OCT 22 1994

AVERAGE DAILY USE
THIS MONTH LAST YEAR

ELECTRICITY	3	0
GAS	0	0
AVERAGE DAILY TEMPERATURE		
	54.0	53.0

BILLING SUMMARY

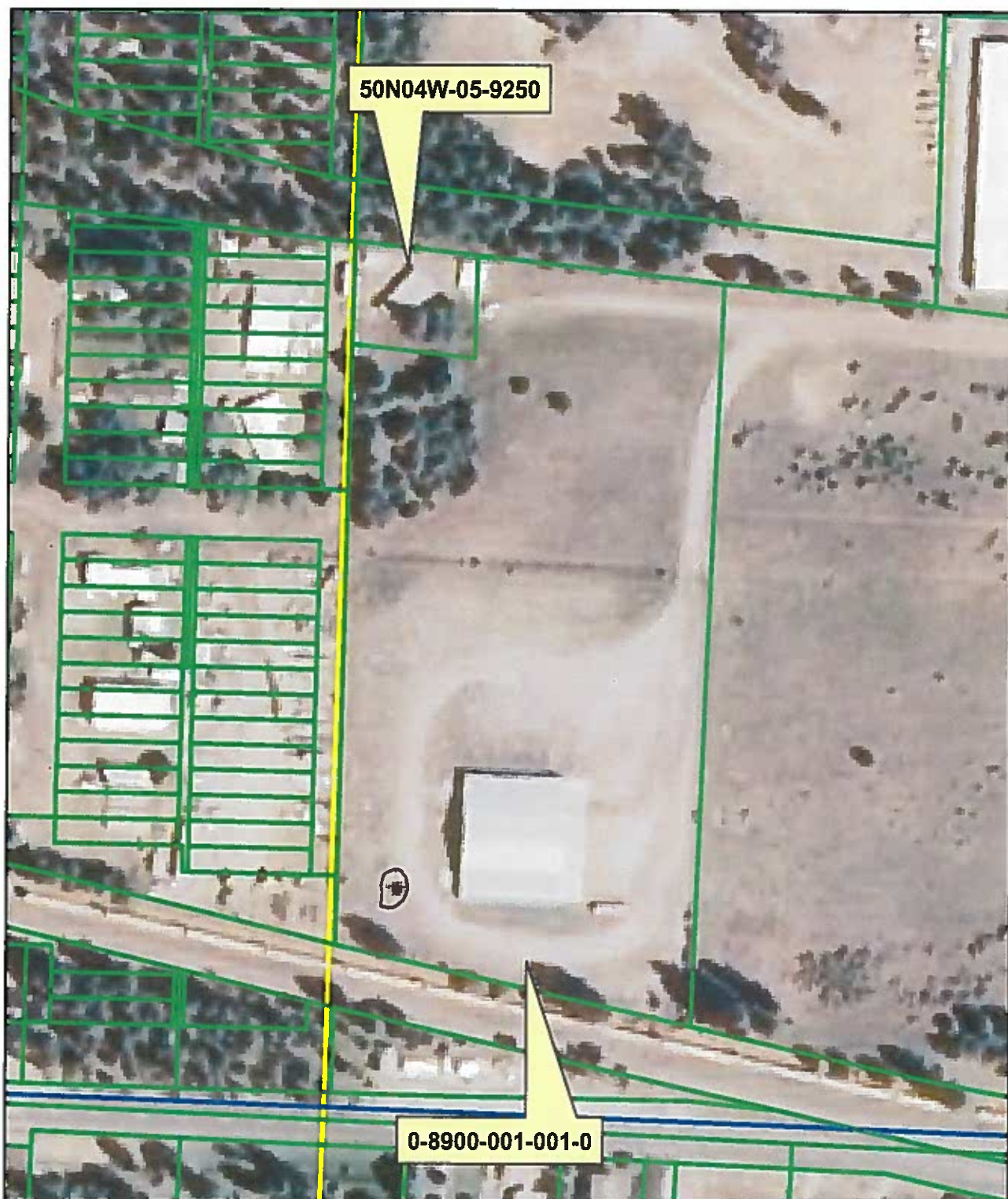
BILLING DATE	OCT 25 1994
PREVIOUS BALANCE	\$ 27.16
PAYMENT SEP 30 1994 THANK YOU	27.16CR
BALANCE REMAINING	0.00
ENERGY CHARGES THIS BILL	11.28

CUSTOMER MESSAGES

AMOUNT DUE	\$ 11.28
DUE DATE	NOV 09 1994

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WOODWARD FAMILY LTD PARTNERSHIP PIN 0-8900-001-001-0



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