

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 95-11053Date Received: 5-29-09Receipt No: N020753Received By: cm

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) Marion J. Christensen and or Sara Christensen Phone (208) 665-5737

Mailing Address 1214 mountain ave cda id Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) May 20 2000 Dec 31 1958
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 53 north, Range 5 west, Section 14,
NW 1/4 of NE 1/4, or Govt. Lot 2 BM. County of kootenai;
Parcel (PIN) no. 041600000130

Additional points of diversion if any: Jumbo cliff sub division lot 13

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.

Pump for irrigation and domestic use • pump in crawl space, line in
Spirit Lake.

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

For domestic purposes from 1/01 to 12/31 MJC cfs () or AFY () .04
For irrigation MJC purposes from 1/01 to 10/31 MJC amount 100 gal/day

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) domestic, 1 residence, irrigation of yard area, sinks, shower, toilet etc.

SCANNED

MAY 21 2009

9. Location of Place of Use is: Township 53 north, Range 5 west, Section 14,
NW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. same
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.
same 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) [Signature] Date: 5.29.09
Sara Christensen Date: 5.29.09

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 _____ Date _____
Address _____

Last Name _____ Identification No. _____