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Form No.42-1409-1 (Internet 3/12)

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: 95-4306

Date Received: 5/8/17

Receipt No: NO FEE

Amount: By:

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) TWIN ECHO RESORT c/o DOUG & JULIE FLETCHER Phone (208) 687-1045
Mailing address P.O. BOX 339 RATHDRUM ID ZIP 83858
Street or Box City State
2. Date of priority (only one (1) per claim) 05/01/1946
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) TWIN LAKES
which is tributary to (b) RATHDRUM CREEK
4. a. Location of point of diversion is: Township 52N, Range 04W, Section 06,
NE 1/4 of NE 1/4, or Govt. Lot 1, B.M., County of KOOTENAI
Parcel (PIN) no. 02040003001A
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, 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.
PUMP IN LAKE WITH PIPELINE TO IRRIGATION SYSTEM

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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 03/15 to 11/15 amount 0.07 or _____

For FIRE PROTECTION purposes from 01/01 to 12/31 amount 0.40 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.40 (cfs) and/or (b) _____ (acre-feet)

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

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	
52N	04W	6	3.5																3.5
			LT 1																
52N	04W	6	F																
			LT 1																

Parcel (PIN) no(s). _____ Total number of acres irrigated 3.5

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.

_____ or None ()

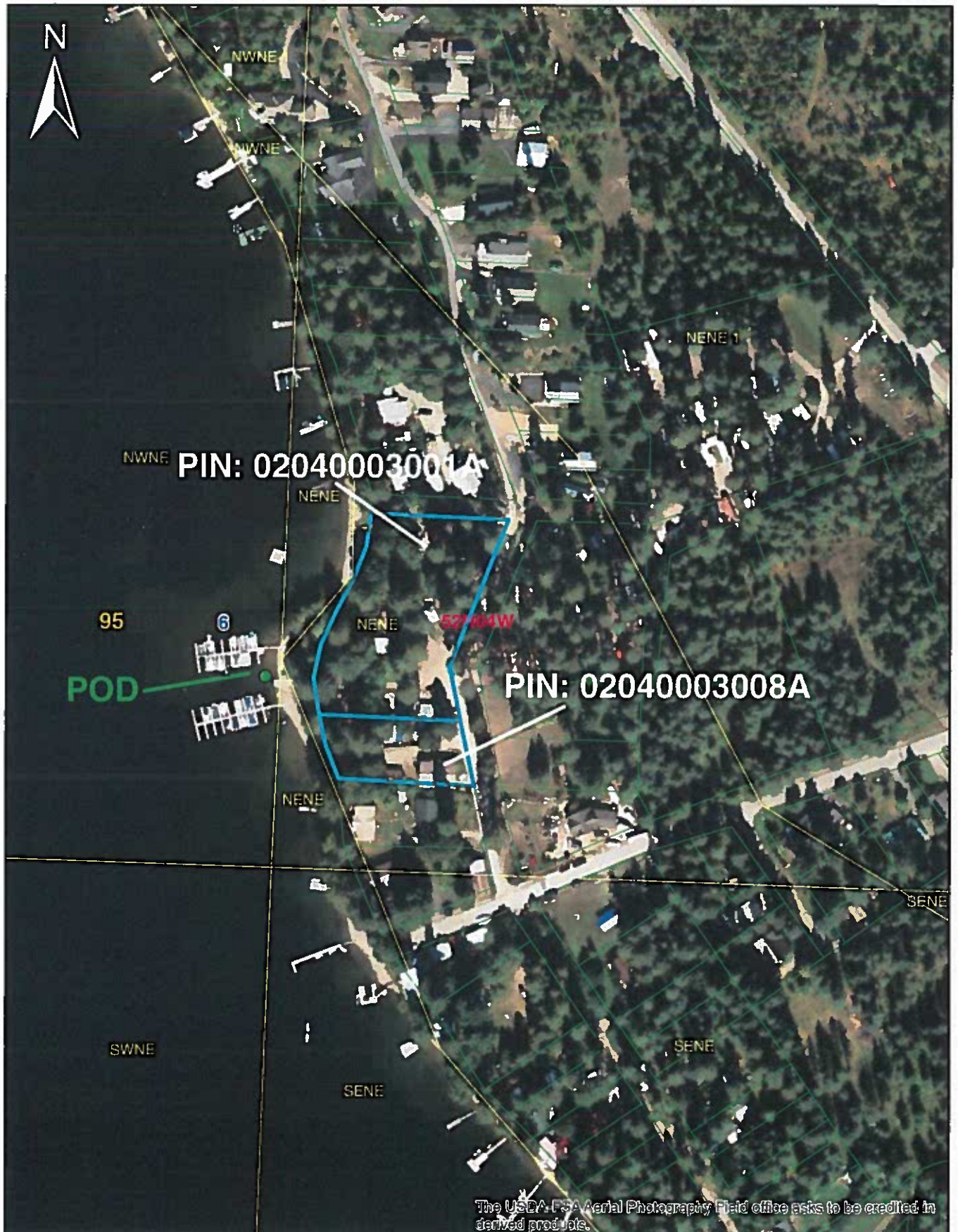
13. Remarks:

PLACE OF USE IS ALSO KNOWN LOTS 1-8, BLK. 3, ECHO BEACH.

Last name TWIN ECHO RESORT Identification no. _____

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PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM 95-4306



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2017 08 08 17:00

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-4306

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: _____

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) _____ Date: _____

_____ 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 Doug Feltner Date 5-8-17

Title and organization manager of Twin Echo shores

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 TWIN ECHO RESORT Identification no. _____

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