

4 pages

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Form No. 42-1409-2 (Internet 12/08)

**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 11023638-13869Date Received: 2-1-10Receipt No: 11023638Received By: W

RECEIVED

MAR 01 2010

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**

IDWR / NORTH

1. Name of Claimant(s) Lori M. Wilkinson Phone 208 661-6942Mailing Address 702 E. Foster Ave. CDA ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 01/01/2010 May, 2007 lw
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, Range 4 WBM, Section 7
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai(Parcel (PIN) no. 03340000070 Bill # 103165

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.

_____6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)For _____ purposes from _____ to _____ amount _____
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed _____ cfs () or AFY () unknown lw8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; MINEDStockwater and Number of livestock) _____ 12810 lw

* This is a Residential property. Only Irrigation is to Water lawn once/day May - Sept. NO livestock use. Other is Human Consumption - DO NOT Know Quantity - Sorry

(2)

9. Location of Place of Use is: Township 50, Range 4W, Section 7,
SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
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.

None recorded 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) _____ 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 _____ 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 Lori M. Wilkinson Date 1/1/2010

Address 702 E. Foster Ave. CDA ID 83814

Last Name Wilkinson Identification No. _____

Lori M. Wilkinson 2/24/10

RECORDED

MAR - 1 2010