

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 99-11838Date Received: 06/24/09Receipt No: N021018Received By: N. Steadman**RECEIVED**

JUN 24 2009

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

RECEIVED

JAN 21 2010

IDWR/North

IDWR/North

1. Name of Claimant(s) Edwin and Kels CRAIG Phone 801 298-1501Mailing Address 4203 College Dr Ogden UT Zip 84403
Street or Box City State2. Date of Priority: (Only one per claim) Dec 31 1953 See County Records
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (☒) (a) SPRINT LAKE IDAHO
which is tributary to (b) _____4. Location of Point of Diversion is: SEE ATTACHED MAP Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of _____;

Parcel (PIN) no. _____

Additional points of diversion if any: NONE

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 in LAKE with 1 1/2" Pipe - Pump is about 12 to 14'
deep - on CRACK 1/2' OFF BOTTOM OF LAKE

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

For HOUSEHOLD purposes from MAY 14 to OCT 15 amount 0.04 CFS
Month/Day Month/Day cfs (1 or AFY)

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 CFS for AFY () _____

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) NONE

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9. Location of Place of Use is: Township SPB Attached MAP, Range _____, Section _____

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic ☒ Stock () Domestic and Stock () If different than shown in Item 4

Additional places of use, if any None

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: 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) [Signature]

Date: 6-19-09

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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PLAT MAP

Borrower/Client Edwin D. CraigAddress 17 West Beauty Bay ShoreCity Spirit LakeCounty KootenaiState IdahoUnit No. N/AZip Code 83876Lender/Client Idaho Independent Bank