

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 95-8435

Date Received: 5-17-10

Receipt No: W 024358C

Received By: mm

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

MAY 17 2010

IDWR/North

Please type or print clearly

1. Name of Claimant (s) KIDD ISLAND BAY WATER USERS GROUP ASSN. Phone (208) 667-6105
Mailing Address P.O. Box 2265 GOEUR D' ALENE IDAHO ZIP 83816-2265
Street or Box City State
2. Date of Priority (Only one (1) per claim) March 07 1984
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (☒) (a) GOEUR D' ALENE LAKE
which is tributary to (b) SPOKANE RIVER

4. a. Location of Point of Diversion is: Township 50N, Range 04W, B.M., Section 35
NE, 1/4 of NW, 1/4 Govt. Lot 2, BM., County of KOOTENAI

Parcel (PIN) no. _____

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

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., 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. _____

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For Municipal purposes from 1/01 to 12/31 amount 0.200 or 64.80

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

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

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) _____

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: 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	
50N	04W	35		X	X					L3	X	X	X						

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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 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 ()

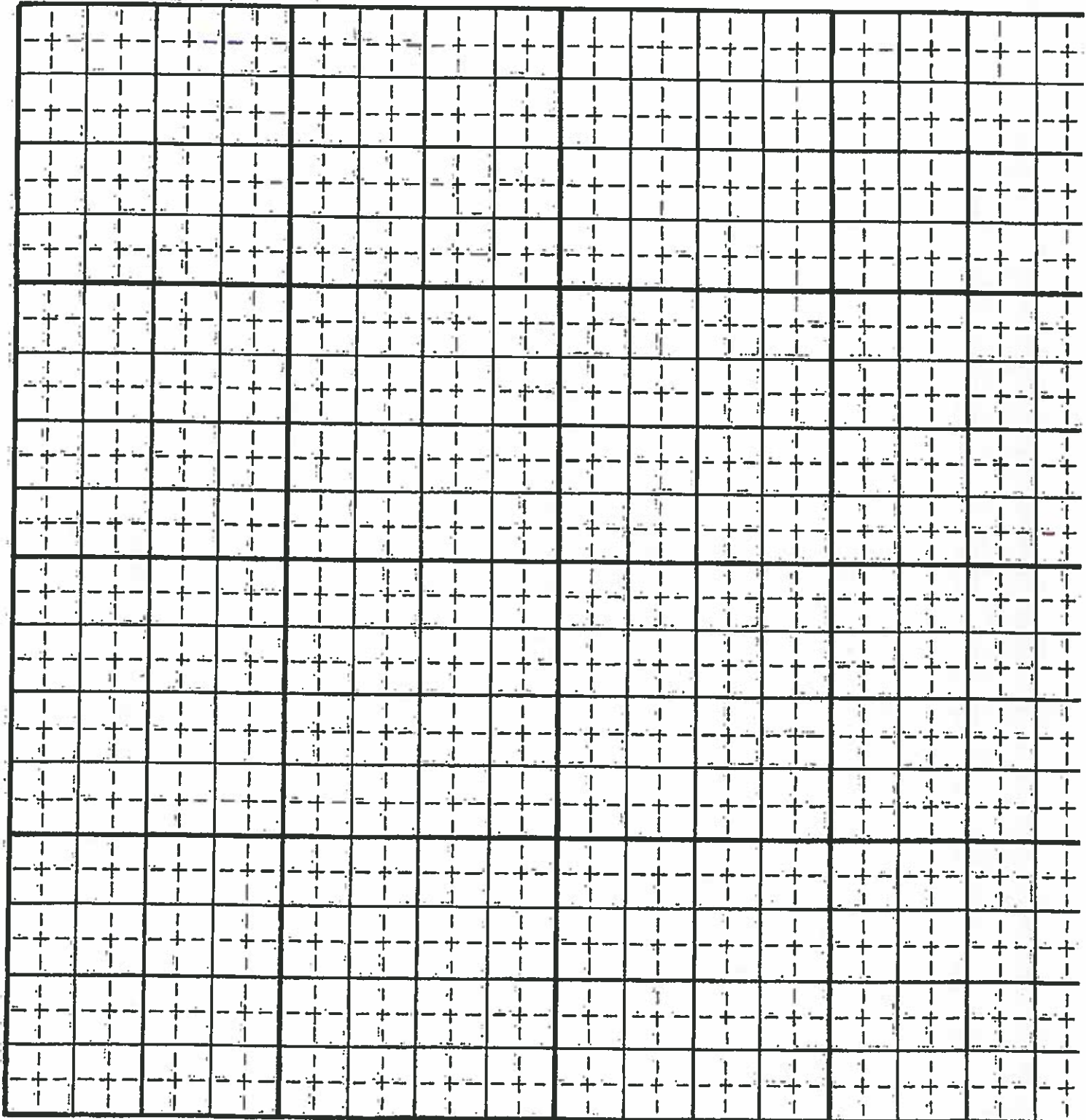
13. Remarks: _____

Last Name KIDD ISLAND BAY WATER Identification No. USERS GOOP ASSN.

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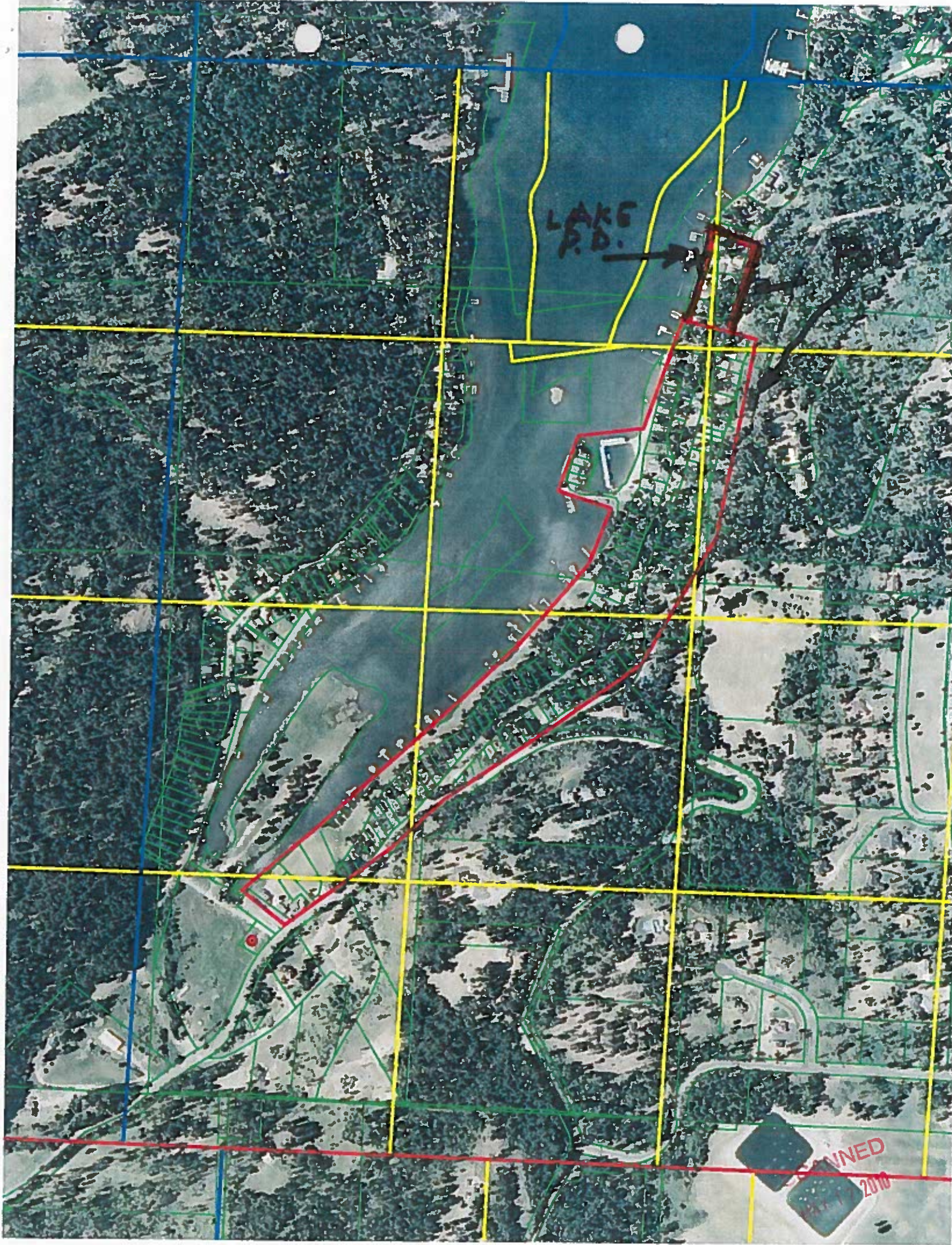
Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile



Last Name KIDD ISLAND BAY WATER Identification No. USERS COOP ASSN.

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LAKE
P.D.

PLANNED
JAN 17 2010

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 95-8435

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

PRESIDENT of KIDD ISLAND BAY WATER USERS COOP ASSN.
Title Organization

that I have signed the foregoing document in the space below as

PRESIDENT of KIDD ISLAND BAY WATER USERS COOP ASSN.
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent James W. Ball Date _____

Title and Organization PRESIDENT KIDD ISLAND BAY WATER USERS COOP ASSN.

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 KIDD ISLAND BAY WATER Identification No. _____
USERS COOP ASSN.

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