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Form No. 42-1409-2 (Internet 11/08)

IDWR / NORTH

**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: 95-9178

Date Received: 3/30/10

Receipt No: N033940

Received By: db

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

- Name of Claimant(s) RON PRATTE Phone () _____
Mailing Address 1400 W. EARTHRET WAY CHANDLER, AZ Zip 85226
Street or Box City State
- Date of Priority: (Only one per claim) 04/02/2003
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other () (a) CDA LAKE
which is tributary to (b) SPOKANE RIVER
- Location of Point of Diversion is: Township 48N, Range 04W, Section 20
NW 1/4 of SW 1/4, or Govt. Lot 2 BM. County of KOOTENAI
Parcel (PIN) no. 084750010010
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- 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.
EXISTING PUMP IN LAKE
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs
Month/Day Month/Day cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.04 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) DOMESTIC, ONE HOME

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MAR 30 2010

9. Location of Place of Use is: Township 48N, Range 04W, Section 20,
NW 1/4 of SW 1/4, Govt. Lot 2 BM. Parcel (PIN) no. 000

for (Check One) Domestic () Stock () Domestic and Stock ()

If different than shown in Item 4

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.

_____ or None ()

13. Remarks: WATER LICENSE IS IN NAME OF PREVIOUS OWNER, OWNERSHIP TO BE TRANSFERRED WITH THIS.

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 95-9178

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) X: [Signature] Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

n/a Title of n/a Organization

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

n/a Title of n/a Organization

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

Signature of Authorized Agent n/a Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, n/a, 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 n/a

Address n/a

Date _____

Last Name _____ Identification No. _____

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MAR 30 2010