

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

RECEIVED

JAN 19 2010

IDWR / NORTH

CIVIL CASE NUMBER: 49576

Ident. Number 95-13427Date Received: 1-19-10Receipt No: 4023423Received By: um

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

TRUSTEE ET AL

1. Name of Claimant (s) HOUSKE, Chesley R Phone (310) 3772709Mailing Address 3 SPUR LANE ZIP _____2. Date of Priority (Only one (1) per claim) JAN 19 22
Month Day Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) WELL4. a. Location of Point of Diversion is: Township 51 N, Range 5 W, Section 35,
SE, 1/4 of NE, 1/4 Govt. Lot 1, BM., County of KOOTENAIParcel (PIN) no. 0636035032XX

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is: NA

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. _____

° ORIGINAL WELL

° NEW WELL IN PLANNING STAGE

° STOCK DAM well, pump, branches

CANNED

JAN 19 2010

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For DOMESTIC purposes from 1/1 to 12/31 amount .04 or _____

For IRRIGATION purposes from 3/1 to 10/15 amount .02 or _____

For STOCKWATER purposes from 1/1 to 12/31 amount .02 or _____

For STOCK/IRRIG. STORAGE purposes from 1/1 to 12/31 amount _____ or .01

7. Total quantity claimed (a) .08 (cfs) and/or (b) .01 (acre feet)

8. Non-irrigation uses; describe fully (ex Domestic: Give number of households served: Stockwater: Type and number of livestock, Etc.) 1 household cattle, poultry

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.

SE 1/4 of NE 1/4
gov lot 1

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
51N	SW	35																	1 D
						1 D													1 S
51N	SW	35																	7 Irrig
						1 S													
51N	SW	35																	
						7 I													

Parcel (PIN) no(s) 063603503288 Total number of acres irrigated 9.10

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 (X) 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 (X)

13. Remarks: _____

Per chart above:

1 D + 1 S + 7 IRRIG = 9 TOTAL

Last Name _____

Identification No. _____

SCANNED

JAN 19 2010

Scale: 2 Inches equals 1 mile

SCANNED
AN 9 010

Identification No. 063603503

2 5 5

14. Basis of Claim (Check One) Beneficial Use (X) 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 (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) M. Huske Date: 1.13.10

for Huske Family Trust Date: _____

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

Marta Huske of CR Huske Family Trust
Title Organization

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

co-trustee of CR Huske Family Trust
Title Organization

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

Signature of Authorized Agent Marta Huske Date 1.13.10

Title and Organization co-trustee of CR Huske Family Trust

16. Notice of Appearance: X

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 _____

SCANNED
JAN 19 2010

Last Name _____ Identification No _____