

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 95-14216

Date Received: 4-26-10

Receipt No: N024171

Received By: um

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

APR 26 2010

IDWR/North

1. Name of Claimant(s) RICHARD L. COMPTON Phone (208) 6676912

Mailing Address PO BOX 1738 COEUR D'ALENE ID Zip 83816
Street or Box City State

2. Date of Priority: (Only one per claim) 8/1993 DRILLED IN FEB. OF 1993
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 50N, Range 04W, Section 8,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 50N0W089200

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.

Drilling well permit # 95-93-N-14-000 2/9/93
modification IDWR # 766337 tag # D0013553 8/18/2000

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

For DOMESTIC + STOCK WATER purposes from _____ to _____ amount _____
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____
year around

7. Total Quantity claimed 04 cfs () or AFY ()

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

Stockwater and Number of livestock) one household + water for
3 horses.

SCANNED

APR 26 2010

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

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50ND4W089200

If different than shown in Item 4

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

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? KODIENAI

11. Do you own the property listed above as place of use? Yes (X) 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 (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 () 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) Richard L. Compton Date: 4/23/10

_____ 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 _____

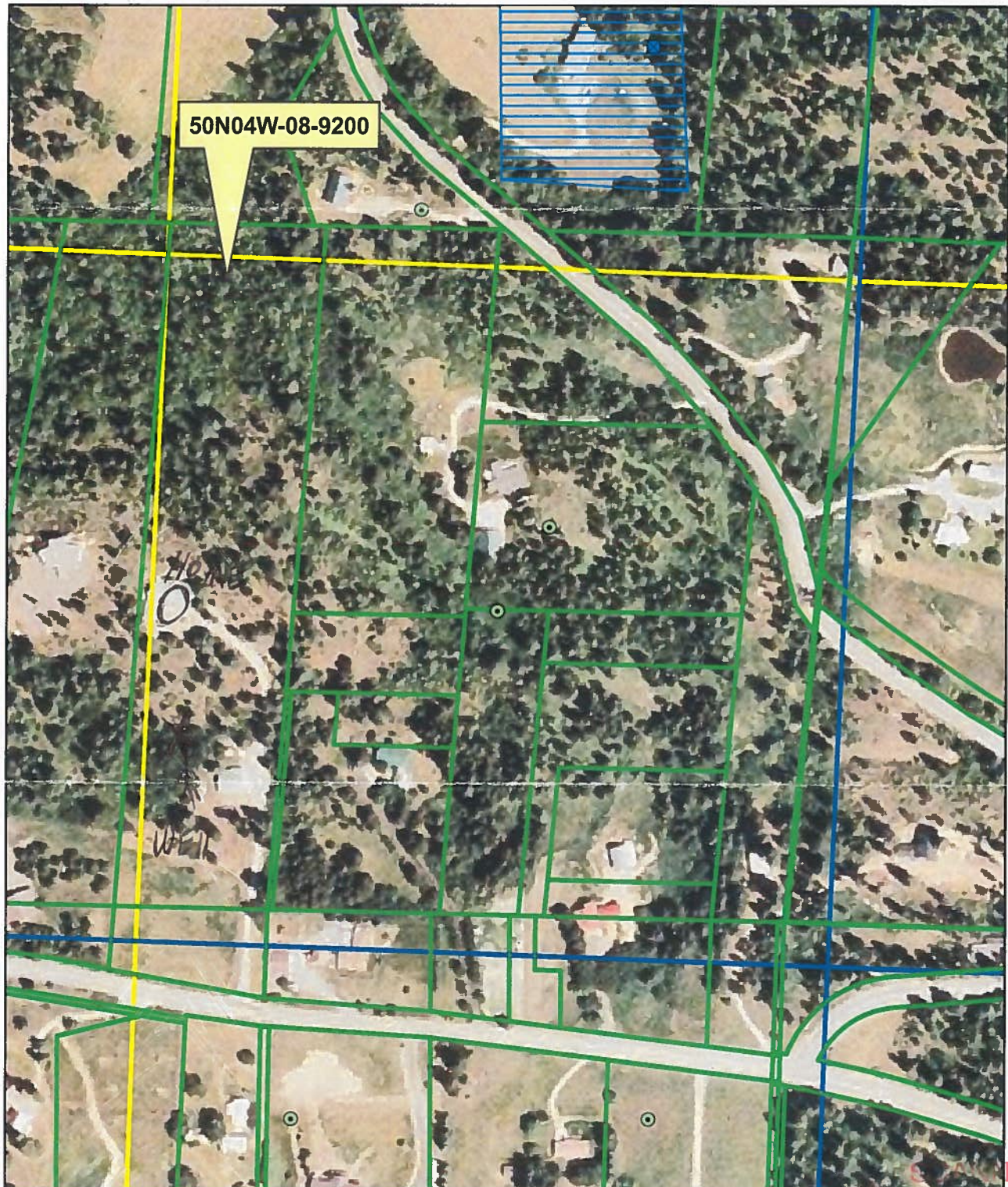
Date _____

Last Name _____ Identification No. _____

SCANNED
APR 26 2010

COMPTON PIN 50N04W-08-9200

RECEIVED
APR 24 2010
IDWR/North



RECEIVED
APR 26 2010