

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

CIVIL CASE NUMBER: 49576

Ident. Number 95-14088Date Received: 3-29-10Receipt No: NO23928Received By: WJ

MAR 29 2010

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

IDWR / NORTH

1. Name of Claimant(s) Robert A. Simon Phone 208 416-1473Mailing Address P.O. Box 93 Postfalls Id. Zip 83877
Street or Box City State* 2. Date of Priority: (Only one per claim) 1983? UNKNOWN 12/31/80
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 05W, Section 114375,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. SON05W114375Additional points of diversion if any: PIN NO. SON05W112825 RSIf available, GPS coordinates: UNKNOWN

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.

ONE well, one pump, next to the house,

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

For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs () or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) Domestic one household. NO LAWN
OR IRRIGATION usage.

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9. Location of Place of Use is: Township SON, Range 05W, Section 114375,

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. SON05W114375
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 County

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.

None 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 ~~not~~ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

* Number of attachments: None

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) Robert A. Simon Date: 3/17/10

Date: _____

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

Title _____ of _____ Organization _____

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

Title _____ of _____ 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

MAR 29 2010