

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 95-15366

Date Received: 6-10-11

Receipt No: N027632B

Received By: lw

RECEIVED

JUN 10 2011

IDWR/NORTHERN

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

1. Name of Claimant(s) Norman C. Odekirk Revocable Trust Phone (208) 245-3059

Mailing Address 436 Odekirk Road St. Maries ID Zip 83861
Street or Box City State

2. Date of Priority: (Only one per claim) 02/23/1953
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Upper Stock Pond Spring
which is tributary to (b) sinks/Benewah Creek

4. Location of Point of Diversion is: Township 46N, Range 3W, Section 15,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Benewah;

Parcel (PIN) no. RP46N03W151701A

Additional points of diversion if any: n/a

If available, GPS coordinates: 47° 19' 48N 116° 41' 59W EL. 2806'

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. Natural stockwater pond (400 feet x 100 feet)

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Stockwater purposes from Jan. 1 to Dec. 31 amount 0.02 cfs(✓) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) Stockwater for 20 horses

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JUN 10 2011

9. Location of Place of Use is: Township 46N, Range 3W, Section 15,
NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Same
If different than shown in Item 4

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

Additional places of use, if any n/a

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

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:

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 () do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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) Norman C. Odekirk Date: 6-9-11

_____ Date: _____

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

Trustee _____ of Norman C. Odekirk Revocable Trust,
Title _____ Organization _____

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

Trustee _____ of Norman C. Odekirk Revocable Trust,
Title _____ Organization _____

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

Signature of Authorized Agent Norman C. Odekirk Date 6-9-11

Title and Organization Norman C. Odekirk, Trustee of the Norman C. Odekirk Revocable Trust

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 _____ Date _____

Address _____

Last Name Norman C. Odekirk Revocable Trust Identification No. _____

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JUN 10 2011

6/06/11

PAC 0 - PARCEL MASTER INQUIRY

13:38:02

PARCEL: RP 46N03W151701 A

F9=MS

F17=DD F19=SP

LEGAL DESCRIPTION

ODEKIRK, NORMAN C REVOC TRUST

S15 T46N R3W

SENW, SW, NWSE, SWNE, W2SENE

SPLIT 4/26/95

ProVal Area Number 1

436 ODEKIRK ROAD

CODE AREA 5-0000 OWNER CD

PARC TYPE LOC CODE 1

ST MARIES ID 83861

EFFDATE 4261995 EXPDATE

PREV PARCEL RP46N03W151700T

CAT	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
7	2011	300000	AC	29685				

TOTALS 300000 29685

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F6=NM F7=LG
F8=CT F13=TM F18=HS F20=SrcH

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JUN 10 2011