

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 45-13359-95-18508

Date Received: 8-20-09

Receipt No: N021809

Received By: em

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

AUG 20 2009

IDWR/North

1. Name of Claimant(s) Erickson Family Trust Phone (949) 495-6860

Mailing Address 17 Brindisi Laguna Niguel CA Zip 92677
Street or Box City State

2. Date of Priority: (Only one per claim) June/15/1978
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 52 North, Range 3 W, Section 32,
S1/2 of NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 52N03W325200

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.

Well 300 depth, Pump size unknown

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 <.02 cfs(✓) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed <.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) Domestic / single household

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9. Location of Place of Use is: Township 53N, Range 3W, Section 32,
NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

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

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:

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:

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)

~~Date:~~ July 30, 2009

Date: Aug 8, 74

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

Trustee of Erickson Family Trust

Title

Organization

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

Trustee of Erickson Family Trust

Title

Organization

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

Signature of Authorized Agent Richard L. Zuck Date July 30, 2009

Title and Organization Trustee / Erickson Family Trust

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 _____ Date _____

Address _____

Last Name Identification No.

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