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OCT 09 2018

DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-1 (Internet 5/17)

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

Claim ID: 95-973

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Twin Lakes - Rathdrum Creek Flood Control District 17 Phone (____) _____
Mailing address 5416 W VILLAGE BLVD RATHDRUM ID 83858
Street or Box City State Zip
Email address (optional) _____
2. Date of priority: (Only one per claim) 3/23/1906 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) TWIN LAKES
which is tributary to (b) RATHDRUM CREEK
4. a. Location of point of diversion is: Township 52N, Range 04W, Section 17,
NE 1/4 of NW 1/4, Govt. Lot 3, BM, County of KOOTENAI
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
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.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD)

(cfs)

(acre-feet)

For WILDLIFE STORAGE purposes from 1/1 to 12/31 amount or 3,730

For RECREATION STORAGE purposes from 1/1 to 12/31 amount or 3,730

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 3,730 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.)

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.

[illegible]

Parcel no(s). PLEASE SEE ATTACHED MAP Total number of acres irrigated _____

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 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.

95-974 (RECREATION STORAGE) or None ()

13. Remarks (Include an explanation of the priority date selected):

PLACE OF USE IN TWIN LAKES, STORAGE FROM 6.4 FT. TO 10.4 FT. ON STAFF GAUGE SET RELATIVE

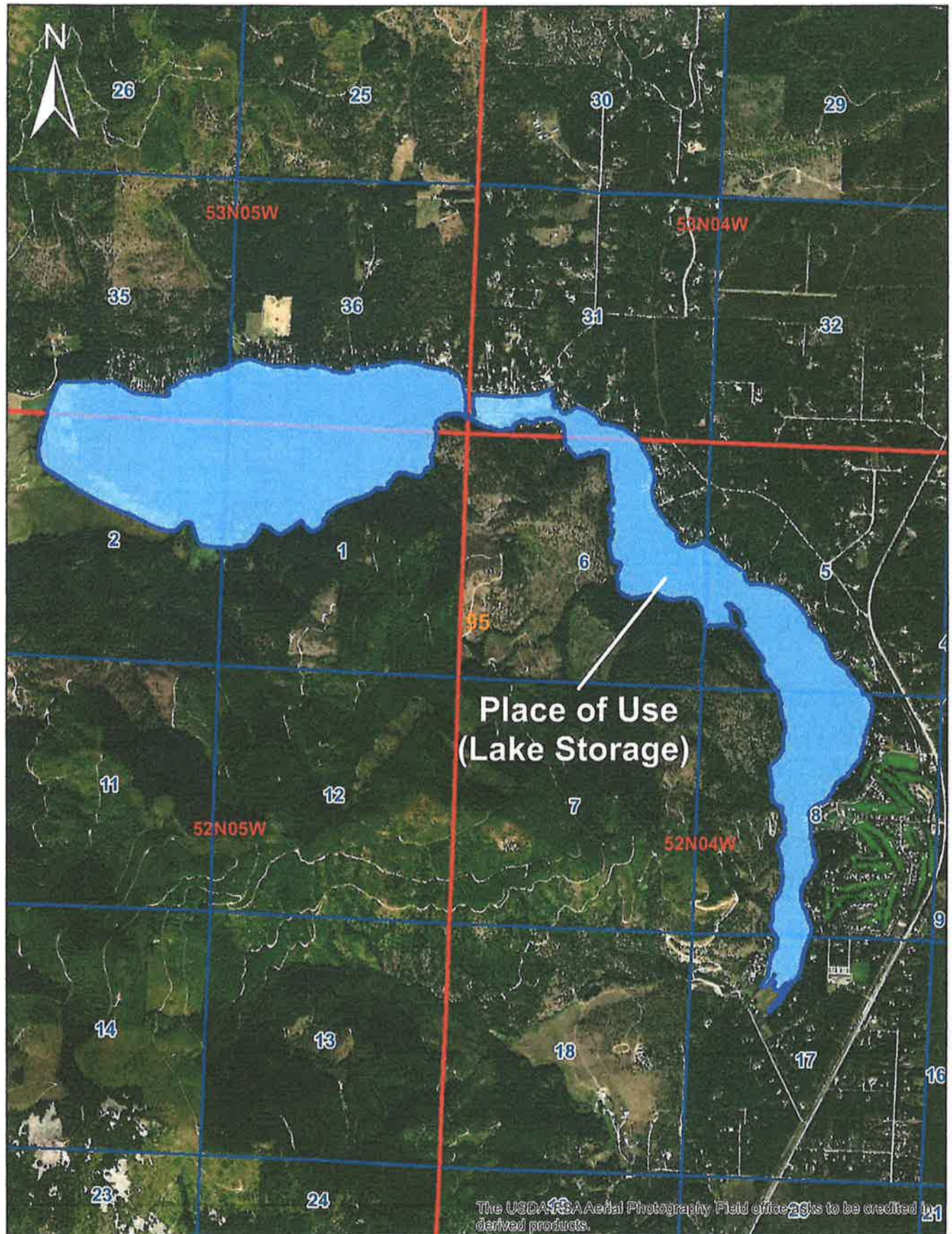
TO BENCH MARKS CITED IN A 1969 DECISION OF THE DISTRICT COURT OF THE FIRST JUDICIAL

DISTRICT COURT IN KOOTENAI COUNTY, CASE NO. 18420. FILLING CAN OCCUR ONLY 11/1 - 3/31.

Name of claimant(s) Twin Lakes - Rathdrum Creek Flood Control District 17

Claim ID

PLACE OF USE LOCATION FOR CSRBA WATER RIGHT CLAIM 95-973



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 95-973

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 Water System 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) Gordon R. Stephenson Date: 8/21/10

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Director of Twin Lakes/Rathdrum Creek Flood Control Dist.
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent Gordon R. Stephenson Date 8/26/10

Printed Name of Authorized Agent Gordon R. Stephenson

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____