

RECEIVED
NOV 06 2018IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-13422Date Received: 9-9-10Receipt No: NJ25591Received By: cm

AMENDED

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 19 2010

IDWR/NORTHERN

1. Name of Claimant(s) COMERFORD FIVE LLC Phone (509) 242-5000Mailing Address 1217 E 26TH AVE SPOKANE WA Zip 99203
Street or Box City State2. Date of Priority: (Only one per claim) 1979
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 48N, Range 4W, Section 20 SW 1/4 of NW 1/4, or Govt. Lot 2 BM. County of KOOTENAIParcel (PIN) no. 0-0580-000-002-B

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 & PUMP

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount .04CFS cfs(✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

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) ADJOINING/NEIGHBORING HOUSEHOLDS (2) SHARE THIS WATER

SOURCE FOR DOMESTIC PURPOSES

SCANNED
SEP - 9 2010SCANNED
AUG 24 2010SCANNED
AUG 19 2010

9. Location of Place of Use is: Township 48N, Range 4W, Section 20,
NW 1/4 of SW 1/4, Govt. Lot 2 BM. Parcel (PIN) no. _____
If different than shown in Item 4

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

Additional places of use, if any SWNW(2) T48NR4W

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 (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) James Comerford Date: 8/17/10

James Comerford 11/6/10 JIM COMERFORD Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am
PRESIDENT _____ of COMERFORD FIVE LLC _____

Title _____ Organization _____

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

PRESIDENT _____ of COMERFORD FIVE LLC _____

Title _____ Organization _____

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

Signature of Authorized Agent James Comerford Date 8/17/10

Title and Organization JAMES COMERFORD, PRESIDENT, COMERFORD FIVE LLC

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 _____

Identification No. _____

SCANNED
SEP - 9 2010

SCANNED
AUG 24 2010

SCANNED
AUG 19 2010

RECEIVED
NOV 06 2018
IDWR / NORTH

IN 0

20 48N04W

