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JAN 15 2020

DEPARTMENT OF
WATER RESOURCES

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

ID Number: 95-11087

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Post Falls Highway District Phone 208 765-3717
Mailing address 5629 E Seltice Way, Post Falls ID ZIP 83854
Street or Box City State
2. Date of priority (only one (1) per claim) March 5, 1973
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 51N, Range 4W, Section 17,
SW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of Kootenai
Parcel (PIN) no. 51N04W172700
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, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., 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.
Well, pump & sprinkler system

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For Irrigation purposes from 3/15 to 11/15 amount 0.25 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) 0.25 (cfs) and/or (b) (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 (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
51N	4W	18		24															24

Parcel (PIN) no(s).

Total number of acres irrigated 24

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 (x) 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.

None or None ()

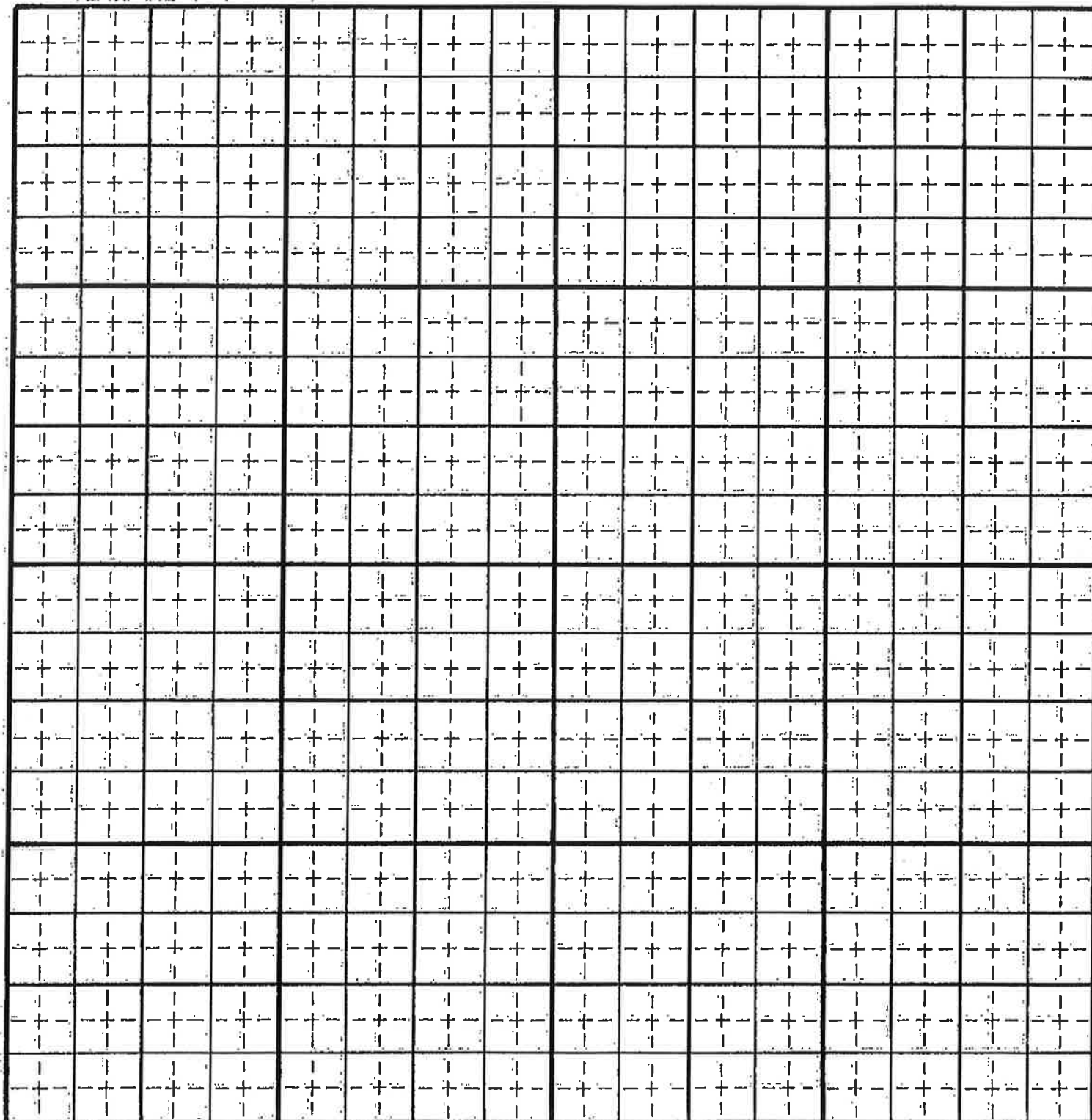
13. Remarks:

Part of 95-7263. Kootenai County PIN 51N04W180700

Last name Post Falls Highway District Identification no.

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Last name Post Falls Highway District Identification no. _____

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (x) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-7263

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 (x) 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: _____

_____ Date: _____

For organizations:

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

_____ of _____
Title Organization

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

_____ of _____
Title 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, Susan P. Weeks, 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 Susan P. Weeks Date 01/13/2020

Address 1626 Lincoln Way

Coeur d'Alene, ID 83814

Last name Post Falls Highway District Identification no. _____

PFHD Property

51N04W180700

W Wyoming Ave

N Meyer Rd

POU

NNNE
T51N R W
Sec 18

POU

NNNE
T51 R W

Sec 17

Google Earth

Image USDA Farm Service Agency

1000 ft

