

JUN 28 2021

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: 95-8599

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

- Name of claimant(s) R&P LLC Phone (208) 660-7060
Mailing address P.O. Box 3599 Post Falls, Idaho Zip 83877
Street or Box City State
Email address (optional) tonysonthelake@yahoo.com ; ybechey@gmail.com
- Date of priority: (Only one per claim) July 18, 1988 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- a. Location of point of diversion is: Township 50N, Range 03W, Section 29,
NE 1/4 of SE 1/4, Govt. Lot 4, 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 _____
- 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, pipeline. The licensed diversion capacity is .17 cfs. The well is 300 feet deep.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Commercial purposes from 01/01 to 12/31 amount 0.04 or 1.7

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) 1.7 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Commercial use is for a restaurant and lounge.

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.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
50N	03W	29													C				

Parcel no(s). _____ Total number of acres irrigated _____

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

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.
95-18115 or None ()

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

Water Right No. 95-8599 has been previously licensed by IDWR and is a valid, existing water right.

Name of claimant(s) R&P LLC Claim ID 95-8599

Scale: 2 inches equals 1 mile

[illegible]

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 95-8599

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: 3

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

Manager _____ of R&P LLC
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 Paul D'Alessandro Date 6-23-21

Printed Name of Authorized Agent Paul D'Alessandro

16. Notice of Appearance:

Notice is hereby given that I, (please print) Norman M. Semanko, 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 [Signature] Date 6-25-2021

Address 800 West Main Street, Suite 1300, Boise, Idaho 83702

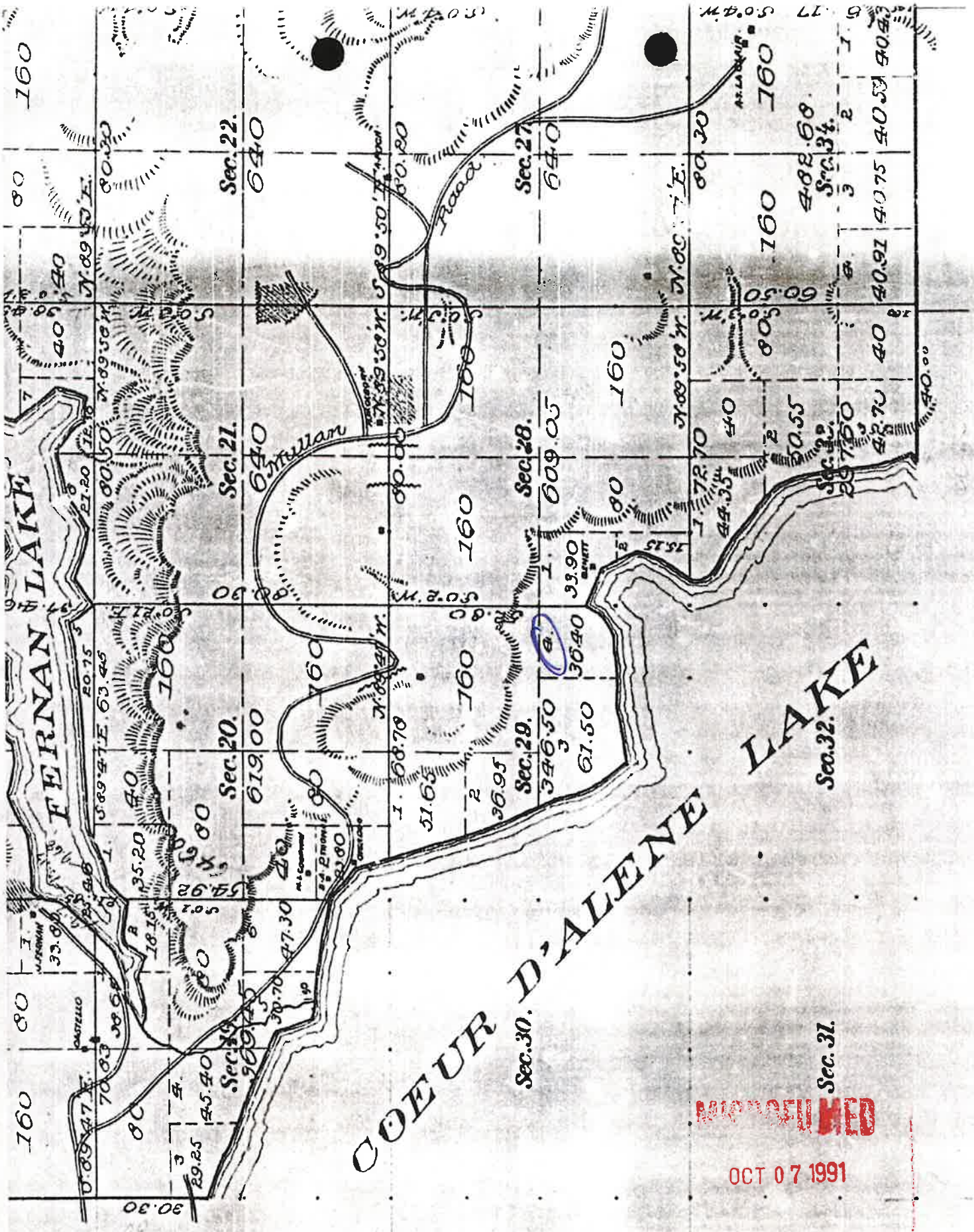
Name of claimant(s) R&P LLC Claim ID 95-8599



COEUR D'

Sanders Beach

COEUR D'ALENE



REPRODUCED

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