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JUN 06 2022

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

Ident. Number: 95-18249
Date Received: 1/27/2022
Receipt No: C112861
Claim Fee: _____
Received By: _____

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

WALTER W LUTZ EXEMPTION EQUIVALENT TRUST
C/O KATHERINE LUTZ, WALTER W LUTZ JR, KARL KUBO
817 W 23 AVE
SPOKANE WA 99203

Phone: (509) 624-9553

2. Date of Priority: 5/20/1951

3. Source:

SPIRIT LAKE

Trib. to:

SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	05W	13	NW NE		KOOTENAI	

5. Description of diverting works:

1 HP PUMP W/PIPELINE TO TWO HOMES, IN-HOUSE USE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	~~04/01~~	~~10/15~~	0.04		
	<u>1/1</u>	<u>12/31</u>			

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

IN-HOUSE USAGE

OVER

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
53N	05W	13	NW		NE	2	

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

NONE

12. Remarks:

Priority Date Explanation:

When pump was placed in Spirit Lake and used at 2 cabins.

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 2

For Organizations:

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

Trustee of (WWLEET)
Agents 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 Walter W. L. Jr. Date 6/01/2022

Printed Name of Authorized Agent Walter W. L. Jr.