

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: 95-17683

Date Received: 11-19-2018

Receipt No: N0324493274

Claim Fee: 25.00 By: T.A

RECEIVED

NOV 19 2018

IDWR / NORTH

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

Please type or print clearly

1. Name of claimant(s) Heidi Ann Rickert Phone (208) 610-0826
Mailing address 315 S Boyer Ave Sandpoint ID Zip 83864
Street or Box City State

2. Date of priority: (Only one per claim) June/1968 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (x) (a) Spring
which is tributary to (b) Beaver Creek

4. Location of point of diversion is: Township 54N, Range 02W, Section 18
SE 1/4 of SE 1/4, or Govt. Lot BM, County of Bonner

Parcel no. RP54N02W189151A

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.
Spring 3' dia. x 3' deep. In 1993 the spring was enlarged to 25' x 3' deep. A 3/4 hp jet pump feeds a 1" pipe to house 800'.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 01/01 to 12/31 amount 0.04 cfs (x) or AFY ()
For purposes from to amount

7. Total quantity claimed 0.04 cfs (x) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic, 1 home

9. Location of place of use is: Township 54N, Range 02W, Section 18,
SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. RP54N02W189150A

for (check one) **Domestic** () **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

Additional places of use, if any 54N R2W Section 18 SW1/4SE1/4

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

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 (include an explanation of the priority date selected):

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 _____

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) Heidi Rickert Date: 11-12-18

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

_____ of _____,
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 _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

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

Name of claimant(s) Heidi Ann Rickert Claim ID _____

