

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 95-17686
Ident. Number: 95-12134
Date Received: 3/9/10
Receipt No: N023729
Received By: [Signature]

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

1. Name of Claimant(s) CLISTA ELLIS AND/OR Jim AND/OR Adele Phone (208) 666-0932

Mailing Address 1149 S. Hgate Rd. CdA ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 12/31/1976 (County Records)
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 50N, Range 4W, Section 18
NE 1/4 of NW 1/4, or Govt. Lot BM. County of Kootenai
Parcel (PIN) no. 06660002005A

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 and 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 1/1 to 12/31 amount .04 cfs (X) or AFY ( )

For Stock Water purposes from 1/1 to 12/31 amount .02

7. Total Quantity claimed .04 cfs (X) or AFY ( )

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Suppling 2 homes 5 head of stock
does not exceed 2500 gal. per day.

SCANNED
MAR - 9 2010

9. Location of Place of Use is: Township 50N, Range 4W, Section 18,  
NE 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. 06660002005A  
if different than shown in Item 4  
for (Check One) Domestic ( ) Stock ( ) Domestic and Stock (X) 06660002004A  
Additional places of use, if any \_\_\_\_\_

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 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 (X)

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) Crista Ellis Date: 3/9/10  
\_\_\_\_\_  
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, \_\_\_\_\_, 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 \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

