

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: 95-17715

Date Received: 10-29-18

Receipt No: No 33861

Claim Fee: \$2500 By: JA

RECEIVED

OCT 29 2018

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) RALIFF FAMILY LLC #1 Phone (208) 660-9744 (cell)

Mailing address 8251 S MUNDT RD COEUR D'ALENE ID Zip 83814 Street or Box City State

Email address (optional) HOME PHONE: (208)667-6049

2. Date of priority: (Only one per claim) 12/31/1935 (Explain priority date selected in Remarks) Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) UNNAMED STREAM, SF MICA CRK which is tributary to (b) MICA CREEK

4. a. Location of point of diversion is: Township, Range, Section, 1/4 of 1/4, Govt. Lot, BM, County of

Parcel no.

Additional points of diversion, if any:

If available, GPS Coordinates

b. If instream flow, beginning point of claimed instream flow is:

Township 49N, Range 04W, Section 17, SW 1/4 of NW 1/4,

Govt. Lot, BM, County of KOOTENAI

Ending point is: Township 49N, Range 04W, Section 17, NE 1/4 of NW 1/4,

Govt. Lot, BM, County of KOOTENAI

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.

IN-STREAM STOCKWATER

Blank lines for description of diversion works.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
 For STOCKWATER purposes from 1/1 to 12/31 amount 0.03 or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.03 (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.) IN-STREAM STOCKWATER FOR UP TO 85 HEAD OF MIXED STOCK

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	
49N	04W	17					S	S	S	S									

Parcel no(s) 49N04W173700, 49N04W087000 Total number of acres irrigated _____

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 (✓) 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.
STOCKWATER USE FROM SPRINGS or None ()

13. Remarks (Include an explanation of the priority date selected):
YEAR HOME (ON PARCEL 49N04W181900) WAS COMPLETED AND CATTLE RANGED

Name of claimant(s) RALIFF FAMILY LLC #1 Claim ID _____

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: 2

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: 10/29/18

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 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 _____ Date _____

Address _____

Identify

Identify from: Taxlots

- Taxlots
 - RATLIFF FAMILY LLC NO 1

Location: 2,282,443.866 1,825,835.521 Meters

Field	Value
ID	10194346
UPDATED	9/10/2018
PIN	49N04W181900
OWNER	RATLIFF FAMILY LLC NO 1
ADDRESS1	8251 S MUNDT RD
ADDRESS2	<null>
CITY	COEUR D ALENE
STATE	ID
ZIPCODE	83814
P_ADDRESS	13615 S HIGHWAY 95
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	NE EX HWY RW, E2-NW 1849N04W
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	241
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1935

Identified 1 feature



ROAD

5932

5220

24-162

5240

5260

18