

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: 95-17719

Date Received: 10-29-18

Receipt No: N033862

Claim Fee: \$250 By: Jca

RECEIVED

OCT 29 2018

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

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) JAMES AND HARRIET RATLIFF LIVING TRUST Phone (208) 660-9744 (cell)

Mailing address 8251 S MUNDT RD COEUR D'ALENE ID Zip 83814

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 (x) (a) SPRING which is tributary to (b) SINKS

4. Location of point of diversion is: Township 49N, Range 04W, Section 18 NE 1/4 of NE 1/4, or Govt. Lot BM, County of KOOTENAI Parcel no. 49N04W181900

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 WITH COLLECTION BOX AND GRAVITY FLOW PIPELINE TO PLACE OF USE

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 0.02 cfs (x) or AFY ()

For STOCKWATER purposes from 1/1 to 12/31 amount 0.02

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 USE FOR 1 HOME, STOCKWATER FOR UP TO 30 HEAD OF MIXED STOCK

9. Location of place of use is: Township 49N, Range 04W, Section 17,
NW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. 49N04W173400
If different than shown in Item 4

for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any 49N04W181900 & 49N04W173300

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 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.
DOMESTIC AND STOCKWATER USE FROM WELL or None ()

13. Remarks (include an explanation of the priority date selected):
YEAR HOME COMPLETED AND CONNECTED TO SPRING SYSTEM

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) Jamy Mundt 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 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) JAMES AND HARRIET RATLIFF LIVING TRUST Claim ID _____

Identify

Identify from: Taxlots

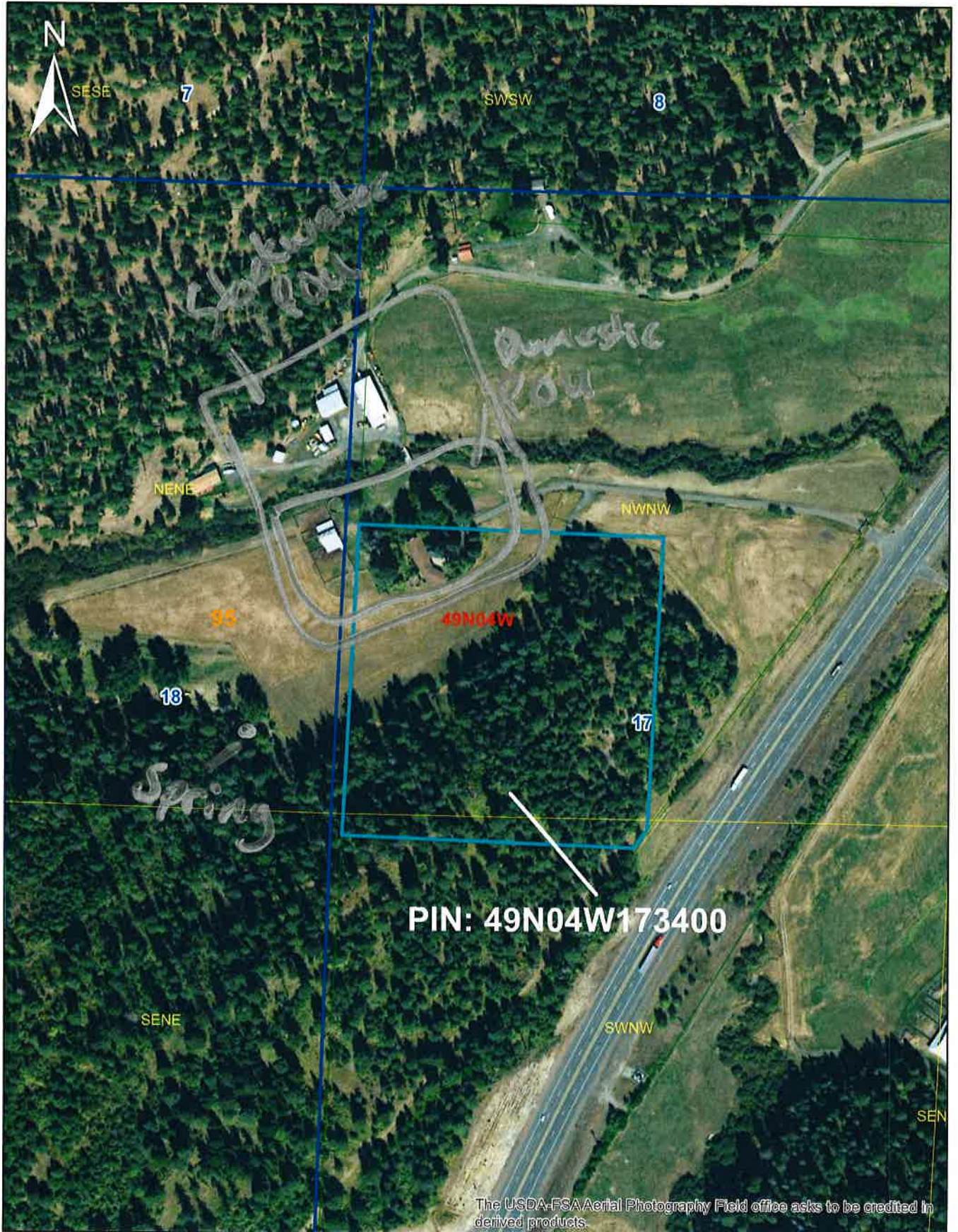
- Taxlots
 - RATLIFF FAMILY LLC NO 1

Location: 2,282,501.948 1,825,822.451 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

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



The USDA-FSA Aerial Photography Field office asks to be credited in derived products.