

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

APR 15 2019

**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: 95-17789

Date Received: _____

Receipt No: _____

Claim Fee: 25.00 By: _____

Clerk

Deputy Clerk

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

- Name of claimant(s) THE EPISCOPAL DIOCESE OF SPOKANE, INC Phone (509) 624-3191 *gmz*
 Mailing address 245 E 13TH AVE SPOKANE WA Zip 99202
Street or Box City State
 Email address (optional) campcross@spokanedioocese.org *gmz*
- Date of priority: (Only one per claim) 6/12/1973 *gmz* (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
 which is tributary to (b) _____
- Location of point of diversion is: Township 49N, Range 04W, Section 26,
SE 1/4 of SW 1/4, or Govt. Lot 5 BM, County of KOOTENAI
 Parcel no. 49N04W266975
 Additional points of diversion, if any: _____
 If available, GPS coordinates: _____
- 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.
1-well 4-6 GPM *gmz*
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>DOMESTIC</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Summer church camp - Kitchen; bath/shower houses *gmz*

9. Location of place of use is: Township 49N, Range 04W, Section 26,
SE 1/4 of SW 1/4, Govt. Lot 5 BM, Parcel no. 49N04W266975 & 49N04W352500
If different than shown in Item 4

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

Additional places of use, if any _____

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

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):

DATE well completed and put to use. gms

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 Water System Adjudication."

(b.) I/We do () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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: _____

_____ 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

DAVID B. HUBBARD JR - CAMP CROSS of Episcopal Diocese of Spokane - Camp, Cross
Agent's title (Please print) Bus. & Facilities Mgr Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Gretchen Rehberg Date Apr. 15, 2019

Printed Name of Authorized Agent Gretchen M Rehberg

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) THE EPISCOPAL DIOCESE OF SPOKANE, INC Claim ID _____

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

[illegible]