

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

ID Number: 95-16997

Date Received: 05-23-2015

Receipt No: N031118

Amount: \$25 By: lmy

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

MAR 23 2015

For domestic and/or stockwater purposes where  
daily use is less than 13,000 gallons per day

IDWR/NORTHERN

Please type or print clearly

- Name of claimant(s) KLOSSNER, JERRY N AND KLOSSNER, JACKIE L. Phone (509) 998.2581  
Mailing address 109 E THORN ST Street or Box City State ZIP
- Date of priority (only one (1) per claim) 07-01-1950  
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water ( ) or Other (x) (a) COEUR D'LAENE LAKE  
which is tributary to (b) SPOKANE RIVER
- Location of point of diversion is: Township 47N, Range 04W, Section 3,  
SE 1/4 of NE 1/4, or Govt. Lot 2, B.M., County of KOOTENAI  
Parcel (PIN) no. 084400000100  
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.  
SUBMERISBLE PUMP IN LAKE COEUR DALENE LAKE DRAWS WATER TO PLACE OF USE
- 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 .04 cfs (x) AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
- Total quantity claimed .04 cfs (x) or AFY ( )
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 1 HOME

9. Location of place of use is: Township 47N, Range 03W, Section 3, SE 1/4 of NE 1/4,  
or Govt. Lot 2, B.M., Parcel (PIN) no. (if different than shown in Item 4) \_\_\_\_\_

For (check one) **Domestic** (x) **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

11. Do you own the property listed above as place of use? Yes (x) 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.

\_\_\_\_\_ 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 (x) 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) Jack C. Klossner Date: 3-23-15

Date: 3-23-15

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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_