

no claim property

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IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE NORTH 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: 94-9373
Date Received: 11-23-14 11-23-2015
Receipt No: ND30702
Amount: 25.00 By: r.w.

AMENDED

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

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IDWR / NORTH

Please type or print clearly

- 1. Name of claimant(s) Rhonda Sano Phone 208 929-0116
Mailing address 105 N 15th St #200, Coeur d'Alene ID ZIP 83814
Street or Box City State
- 2. Date of priority (only one (1) per claim) 1930 Month/Day/Year (yyyy)
- 3. Source of water supply (check one) Ground Water () or Other () (a) ROSE LAKE
which is tributary to (b) COA RIVER
- 4. Location of point of diversion is: Township 49 N, Range 1-W, Section ~~33~~ 33
SE 1/4 of NE 1/4, or Govt. Lot _____, B.M., County of Kootenai
Parcel (PIN) no. 49N01W-33-2275
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.
pump from lake - pipeline to irrigation + livestock

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 () AFY ()
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): One home
irrigation & animals

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134999

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[Handwritten signature]

9. Location of place of use is: Township 49N, Range 1-W, Section 33 SE 1/4 of NE 1/4, or Govt. Lot 5, B.M., Parcel (PIN) no. (if different than shown in Item 4) 49N01W332275
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

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.
_____ or None

13. Remarks:

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 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) *[Signature]* Date: 11/19/15

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 *[Signature]* Date 7/31/14
Title and organization Pepe Jones, LLC

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 _____

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