

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 49576
NUMBER:
Ident. 95-4092
Number:
Date
Received: NO 19985 2/24/09
Receipt No.:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

RECEIVED
FEB 24 2009
IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
31-41 SILVER BEACH WATER ASSOCIATION	S. 2551 SILVER BEACH LOOP RD.	COEUR D ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
6/1/1946	

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	29	2	SW	NW	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.030	5.60	0.0

Totals:

CFS	AF	KW
0.030	5.60	

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8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03W	29	SE	NW	KOOTENAI	2	-
DOMESTIC	50N	03W	29	SW	NW	KOOTENAI	2	-

9. Basis of Claim:

Basis	WaterRight
Statutory Claim	95-4092

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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): _____ Date: _____
 _____ 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 _____ Date _____

Title and Organization _____

Please print name