

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

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**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
Ident. Number: 95-10032
Date Received: 1/14/09
Receipt No.: N019791 

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KURT KOETTER	16757 W NELSON LOOP ROAD	RATHDRUM	ID	USA	83858

2. Date of Priority:

Date	Explanation
7/30/1965	The house I own was built that year (1965). That is when the existing water system was established. I bought the house in 1980, and of coarse continued to use and maintain the water system.

3. Source:

Source	Tributary	Type
SPRING	RIGHT FORK OF HAUSER CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	05W	29		SW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic
FIRE PROTECTION STORAGE	-	-	Water from the spring is pumped directly to our home and a 3000 gallon above ground tank reservoir for household use and possible fire control.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	3 / 1	11 / 1
FIRE PROTECTION STORAGE	3 / 1	11 / 1

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7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
FIRE PROTECTION STORAGE	0.040	0.00	0.0

Totals:
CFS AF KW
0.040 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	05W	29	SW	NE	KOOTENAI	-	-
FIRE PROTECTION STORAGE	52N	05W	29	SW	NE	KOOTENAI	-	-

9. Basis of Claim:

Basis
Beneficial Use

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: 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): [Signature] Date: 9/13/09

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title _____ of _____ Organization

that I have signed the foregoing document in the space below as

Title _____ of _____ 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

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