

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

Ident. Number 95-7692
Date Received: 4-29-09
Receipt No: N020427 \$19.00
Received By: N020425 \$19.00
N020431 \$19.00
WA

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DOUGLAS MEYER Phone: (208)691-8156
2724 W DIAMOND BAR RD
RATHDRUM ID USA 83858

OR

WALLACE MEYER Phone: (208)691-8156
2724 W DIAMOND BAR RD
RATHDRUM ID USA 83858

OR

KARLEEN K MEYER Phone: (208)687-0420
7896 W LANCASTER RD
RATHDRUM ID USA 83858

OR

KATHRYN MEYER Phone: (208)687-0420
7896 W LANCASTER RD
RATHDRUM ID USA 83858

2. Date of Priority: 01/27/1977

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	04W	8	SW NE	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	05/01	10/31	0.14	24.5

7. Total Quantity Appropriated is:
0.14 C.F.S. and/or 24.5 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
51N	04W	5	NW	SE	IRRIGATION	7
Section Acres						7
Total Acres						7

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: License

16. 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): Wallace Meyer Date: 4/9/2009

_____ Date: _____

_____ Date: _____

_____ Date: _____