

**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: 94-7290
Date Received: 05/04/2009
Receipt No.:**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
05/04/2009		\$60.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
STERLING MINING COMPANY	P.O. BOX 2838	COEUR D'ALENE	ID	USA	83816

2. Date of Priority:

Date	Explanation
9/10/1984	The IDWR Form 202 Application For Permit for this water well was submitted to and received by IDWR on 9-10-84 and published on 9-19, 9-26, 10-31, and 11-7 1984. No protests were filed. It was recommended for approval with a Proposed Priority Date of 9-10-84 and approved by the then Director of IDWR on 1-14-85. A Water Right License for water right No. 94-07290 was then issued by IDWR with a priority date of 9-10-84. This water source (well) has been in continual use beneficial use since.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03E	10		NW	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
INDUSTRIAL	-	-	Process treatment make-up water, equipment cleaning, pump

			priming.
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6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
INDUSTRIAL	0.100	7.80	0.0

Totals:

CFS	AF	KW
0.100	7.80	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
INDUSTRIAL	48N	03E	10	NE	SW	SHOSHONE	-	-

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: _____

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