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Claim Number:	95-10393
Claim Fee:	\$25.00
Claimant(s):	DAVID MACRI 3825 E SUMAC DR SPOKANE , WA 99223 LYNN SCHUMACHER 1005 35TH AVE NE GREAT FALLS , MT 59404
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
North Idaho Adjudication
7600 Mineral Dr. Suite 100

Coeur d'Alene, ID 83815
(208) 762-2800

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: 95-10393

Date Received:

Receipt No.:

4-22-09

NO 20368

RECEIVED

APR 22 2009

IDWR/North

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVID MACRI	3825 E SUMAC DR	SPOKANE	WA	USA	99223
LYNN SCHUMACHER	1005 35TH AVE NE	GREAT FALLS	MT	USA	59404

2. Date of Priority:

Date	Explanation
6/23/1956	My family purchased this property in 1954, and built for a few years, so this date is my best guess.

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	35	3	NE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Water use for household functions. Sinks, toilet, shower and watering lawn.

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	0.040	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	50N	03W	35	NW	SW	KOOTENAI	3	-

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): *[Signature]* Date: 4/18/09
[Signature] Date: 4/20/09

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