

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 95-10238  
Date Received: 3/25/2009  
Receipt No:  
Received By: **NO20379**  
*W*

**NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW  
For Domestic and/or Stockwater Purposes  
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

BARBARA KRUSE Phone: (208)683-6017

PO BOX 1098  
ATHOL ID USA 83801

RONALD O KRUSE Phone: (208)683-6017

PO BOX 1098  
ATHOL ID USA 83801

2. Date of Priority: 06/01/2002

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 Lot | County   | Type |
|----------|-------|---------|-----------------------|----------|------|
| 53N      | 03W   | 3       | NW SW                 | KOOTENAI |      |

5. Description of diverting works:

8 gpm pump & 6 inch well

6. Water is used for the following purposes:

| Purpose  | From  | To    | C.F.S. | (or) A.F.A |
|----------|-------|-------|--------|------------|
| DOMESTIC | 01/01 | 12/31 | 0.02   | 1.2        |

7. Total Quantity Appropriated is:  
0.02 C.F.S. and/or 1.2 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:  
Number of homes: 1

10. Place of use:

| Township | Range | Section | 1/4 of 1/4 | Lot | Use | Acres |
|----------|-------|---------|------------|-----|-----|-------|
|----------|-------|---------|------------|-----|-----|-------|

11. Place of use in counties:

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

13. Other Water Rights Used:

14. Remarks: PIN 049800020120 - Physical Address 32405 N Roberts RD Athol ID

15. Basis of Claim: Beneficial Use

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 X 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): Ronald O. Kruse Date: 3-25-09  
Carlson T. Kruse Date: 3/23/09