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NO 20539
60.00

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Claim Number:	95-9851	4 95-9557
Claim Fee:	\$60.00	173.00
Claimant(s):	ROCKY BEACH WATER DISTRICT PO BOX 126 SPIRIT LAKE, ID 83869-0126	
Claimed Purpose(s) of Use:	MUNICIPAL	

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Office address and phone number:

Idaho Department of Water Resources
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 49576
NUMBER:
Ident. 95-9851
Number:
Date
Received:
Receipt No.:**

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

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1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROCKY BEACH WATER DISTRICT	PO BOX 126	SPIRIT LAKE	ID	USA	83869-0126

2. Date of Priority:

Date	Explanation
12/27/1978	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
53N	04W	8	3	SW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
MUNICIPAL	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
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MUNICIPAL	1 / 1	12 / 31
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7. Quantity:

Water Use	CFS	AF	KW
MUNICIPAL	0.100	0.00	0.0

Totals:

CFS	AF	KW
0.100	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	53N	04W	7	SE	SE	KOOTENAI	10	-
DOMESTIC	53N	04W	8	SW	SW	KOOTENAI	3	-
DOMESTIC	53N	04W	17	NW	NW	KOOTENAI	1	-
DOMESTIC	53N	04W	17	SW	NW	KOOTENAI	2	-
MUNICIPAL	53N	04W	8	SW	SW	KOOTENAI	-	-

9. Basis of Claim:

Basis	WaterRight
License	95-9851

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): _____ Date: _____
 _____ Date: _____

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

Secretary / Treasurer of Rocky Beach Water Dist.
 Title Organization

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

Secretary / Treasurer of Rocky Beach Water Dist.
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Cynthia A. Kroetch Date 5-8-09
Title and Organization Secretary / Treasurer
Please print name

Cynthia A. Kroetch
Secretary / Treasurer
Rocky Beach Water & Sewer District