

**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: 94-2133
Date Received: 05/08/2009
Receipt No.: T088647**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
05/08/2009	T088647	\$95.00

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
4/3/1965	The State of Idaho Department of Water Resources Water Right License number 16396 and later assigned 94-2133 was approved with a Priority Date of April 3, 1965. The water has been in continual use by the Shoshone Country Club for their golf course since this date.

3. Source:

Source	Tributary	Type
BIG CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

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

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	As outlined in the original water right, this water is to be used for irrigation of the Shoshone Country Club golf course.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	5 / 1	9 / 15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	1.000	135.00	0.0

Totals:

CFS	AF	KW
1.000	135.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	45

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	48N	03E	10	NE	NW	SHOSHONE	-	20
IRRIGATION	48N	03E	10	NW	NE	SHOSHONE	-	5
IRRIGATION	48N	03E	10	SE	NW	SHOSHONE	-	20

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