

NO 20037

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Claim Number:	95-10186
Claim Fee:	\$51.00
Claimant(s):	DOUG TITUS 5931 WEST HARBOR DRIVE COEUR D'ALENE , ID 83814
Claimed Purpose(s) of Use:	IRRIGATION

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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: 95-10186
Date Received:
Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DOUG TITUS	5931 WEST HARBOR DRIVE	COEUR D'ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
1/1/1962	Tax records show house was built in 1962. PIN number 03320000041, and AIN number 113945.

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04W	8	7	SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	Water is used for outside the house uses, irrigation of yard and outside faucets.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 1	11 / 30

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.040	1.20	0.0

Totals:

CFS	AF	KW
0.040	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.37

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	50N	04W	8	SE	NW	KOOTENAI	-	0.37

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): Doug Titus Date: 3/8/09

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