

**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: 95-10016
Date Received: 01/12/2009
Receipt No.: T087937**

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

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
01/12/2009	T087937		\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
EUGENE AND / OR NANCY FLAMAND	5002 INDUSTRIAL WAY #2	COEUR D'ALENE	ID	USA	83815

2. Date of Priority:

Date	Explanation
5/1/1990	I built and moved into my house on this date.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
FERNAN LAKE	COUR D ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	17	3	NW	SE	KOOTENAI
50N	03W	17	3	NW	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description

DOMESTIC	1	-	Our well pumps 8 GPM. This is enough for our drinking water but not enough for lawn and shrubs. We currently do not pump out of Fernan Lake but need at least 40 GPM for fire control, shrubs and our lawn. The Federal Highway Administration is rebuilding Fernan Lake Road and we would like to add a pump for 40 GPM.
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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	0.110	0.00	0.0

Totals:

CFS	AF	KW
0.110	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03W	17	NE	SE	KOOTENAI	4	-
DOMESTIC	50N	03W	17	NW	SE	KOOTENAI	3	-
DOMESTIC	50N	03W	17	SE	NE	KOOTENAI	-	-
DOMESTIC	50N	03W	17	SW	NE	KOOTENAI	-	-

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