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Claim Number:	95-10767
Claim Fee:	\$25.00
Claimant(s):	RICHARD MCLANDRESS
	612 S. 14TH STREET
	COEUR D ALENE , ID
	83814

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1/2

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...idaho.gov/.../Receipt.asp...**Claimed Purpose(s) of Use: DOMESTIC**[Go to View History page](#)[Logout](#)

Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

7/6/2009

Claim Preview

**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. 95-10767
Number:
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
RICHARD MCLANDRESS	612 S. 14TH STREET	COEUR D ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
12/31/1960	recorded in Kootenai County documents

3. Source:

Source	Tributary	Type
SPRING	SPIRIT LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
53N	05W	14	1			KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7/6/2009

Claim Preview

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	53N	05W	14			KOOTENAI	1	-

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): Richard A. M. Anderson Date: 7/6/09
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