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Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

Print This Page

Claim Number: 95-8475

Claim Fee: \$68.00

Claimant(s):

MORRISON ESTATES HOMEOWNERS WATER ASSOC
P.O BOX 1367
HAYDEN, ID
83835

Claimed Purpose(s) of Use: DOMESTIC

Go to View History page

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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

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**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:

95-8475

Date Received:

~~5-11-2009~~

Receipt No.:

~~1-000000001~~

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

11021919

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MORRISON ESTATES HOMEOWNERS WATER ASSOC	P.O BOX 1367	HAYDEN	ID	USA	83835

2. Date of Priority:

Date	Explanation
3/14/1985	this is the date well started

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	04W	20		SW	NE	KOOTENAI

95-8475
68.00

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. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.180	19.20	0.0

Totals:

CFS	AF	KW
0.180	19.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	51N	04W	20	NE	NE	KOOTENAI	-	-
DOMESTIC	51N	04W	20	NE	NW	KOOTENAI	-	-
DOMESTIC	51N	04W	20	NW	NE	KOOTENAI	-	-
DOMESTIC	51N	04W	20	NW	NW	KOOTENAI	-	-
DOMESTIC	51N	04W	20	SE	NE	KOOTENAI	-	-
DOMESTIC	51N	04W	20	SE	NW	KOOTENAI	-	-
DOMESTIC	51N	04W	20	SW	NE	KOOTENAI	-	-
DOMESTIC	51N	04W	20	SW	NW	KOOTENAI	-	-

9. Basis of Claim:

Basis	WaterRight
License	95-8475

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