

**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: 95-10481
Date Received: 05/07/2009
Receipt No.: T088640**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
05/07/2009	T088640	\$51.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RICHARD / JOAN EINFELDT	21222 BRISTLECONE	MISSION VIEJO	CA	USA	92692

2. Date of Priority:

Date	Explanation
8/2/2008	First time I used the water to water my lawn and garden

3. Source:

Source	Tributary	Type
STREAM	LAKE PEND OREILLE	RE-DIVERSION

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	02W	34	3	NE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	Water plants, lawn and small garden

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day

IRRIGATION	4 / 1	10 / 31
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7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.2

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	54N	02W	34	NE	SW	KOOTENAI	3	0.2

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