

N 022546

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Claim Number: 95-7

Claim Fee: \$25.00

Claimant(s):

ANDERSON IDAHO REALTY TRUST
N 4117 WALNUT ST
SPOKANE , WA
99205

Claimed Purpose(s) of Use: DOMESTIC

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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

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. Number: 95-7
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
ANDERSON IDAHO REALTY TRUST	N 4117 WALNUT ST	SPOKANE	WA	USA	99205

2. Date of Priority:

Date	Explanation
4/1/1968	

3. Source:

Source	Tributary	Type
HAYDEN LAKE	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03W	34	6			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	4 / 1	10 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.40	0.0

Totals:

CFS	AF	KW
0.020	0.40	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	03W	34			KOOTENAI	6	-

9. Basis of Claim:

Basis	WaterRight
Decreed	95-7

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: 3

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

Anderson Idaho Realty Trust of Angeline P. Anderson
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 Angeline P. Anderson Date Oct. 15-09

Title and Organization ANDERSON IDAHO REALTY TRUST
Please print name