

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 95-8852
Date Received: 11/24/2009
Receipt No: *N0209246 N028972*
Received By:

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

1. Name of Claimant(s)

AUDREY DEGENHARDT Phone: (208)755-2554
1713 W 11TH
SPOKANE WA USA 99204

2. Date of Priority: 02/23/1994

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	04W	19	NW NE	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.03	9
DOMESTIC	1/01	12/31	0.02	0.6

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or 9.6 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
51N	04W	19	NW NE	IRRIGATION	3
Section Acres					3
Total Acres					3

11. Place of use in counties: KOOTENAI

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IDWR / NORTH

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Domestic use is for 1 home.

Domestic use does not include lawn, garden, landscape, or other types of irrigation.

This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for irrigation of the lands above.

15. Basis of Claim: License

16. 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: _____

Emily A. [unclear] Date 11-17-09