

**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: 91-7198
Date Received: 02/02/2010
Receipt No.: T089992**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
02/02/2010	T089992	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FOLKINS FAMILY TRUST	P O BOX2165	HAYDEN	ID	USA	83835

2. Date of Priority:

Date	Explanation
5/12/1976	Property was purchased in November of 1975 and the well was dug in 1976 when use began. There is no record of the exact date the well was finished and water drawn.

3. Source:

Source	Tributary	Type
ST. JOE RIVER	ST. MARIES RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	03E	6	14			SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Seasonal. Fish camp used approximately 3 to 4 weeks per year. Usually only one of the houses is in use, but occasionally both are used.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	5 / 1	9 / 30

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.030	0.00	0.0

Totals:

CFS	AF	KW
0.030	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	45N	03E	6			SHOSHONE	14	-

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