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IDWR / NORTH

Claim Number: 94-7551
 Claim Fee: \$25.00
 Claimant(s): EAST SIDE HIGHWAY DISTRICT
 6095 E MULLAN TRAIL RD
 COEUR D'ALENE , ID
 83814
 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: 94-7551
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
EAST SIDE HIGHWAY DISTRICT	6095 E MULLAN TRAIL RD	COEUR D'ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
11/28/2003	This was the year the well was drilled.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	01W	25	1	NE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	This is a Highway District Shop location. Water use is for basic shop facilities.

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	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	01W	25	NE	NW	KOOTENAI	1	-
DOMESTIC	49N	01W	25	NW	NE	KOOTENAI	-	-
DOMESTIC	49N	01W	25	SE	NW	KOOTENAI	1	-
DOMESTIC	49N	01W	25	SW	NE	KOOTENAI	5	-

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: _____

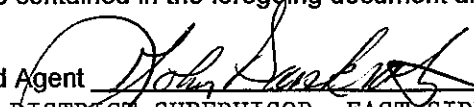
For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

JOHN PANKRATZ, DISTRICT SUPERVISOR of EAST SIDE HIGHWAY DISTRICT
 Title Organization

that I have signed the foregoing document in the space below as

DISTRICT SUPERVISOR of EAST SIDE HIGHWAY DISTRICT
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent  Date 2/17/2010
 Title and Organization DISTRICT SUPERVISOR, EAST SIDE HIGHWAY DISTRICT

Please print name