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Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

ND23138
12-23-09
lll

Claim Number: 95-11641

Claim Fee: \$25.00

Claimant(s):

IMTHURN FAMILY LIVING TRUST
9396 N VOGT RD
HAUSER, ID
83854

Claimed Purpose(s) of Use: DOMESTIC

RECEIVED

DEC 23 2009

IDWR / NORTH

Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

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IDWR / NORTH

**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: 95-11641
Date Received: 12-23-09
Receipt No.: N023138



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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
IMTHURN FAMILY LIVING TRUST	9396 N VOGT RD	HAUSER	ID	USA	83854

2. Date of Priority:

Date	Explanation
5/15/1991	Well was drilled in Feb of 1991 and we moved onto the property in May 91. This is the date we started pumping water from the well.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	06W	24		NE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Water use is for a standard 3 bedroom home with .5 acre of grass and garden under irrigation. Well contains a 10 gpm pump - approximate measured well output.

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	51N	06W	24	NE	NE	KOOTENAI	-	-
DOMESTIC	51N	06W	24	NW	NE	KOOTENAI	-	-

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: 19 DEC 09
 _____ 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