

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 95-10807
Date Received: 7/13/2009
Receipt No: NO21273
Received By: AT

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

SCOTT SHRADER
MICHELE SHRADER
12125 E NUNN RD
ATHOL ID USA 83801

Phone: (208)683-3626

2. Date of Priority: 03/03/1997

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
53N	02W	30	SW SE	KOOTENAI	

5. Description of diverting works:

137 FT, 6 IN WELL. SUBMERSIBLE PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.07	
DOMESTIC	01/01	12/31	0.07	

7. Total Quantity Appropriated is:
0.07 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of other uses: 5 MIXED
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
53N	02W	30	SW SE	DOMESTIC	
			SW SE	STOCKWATER	

11. Place of use in counties: KOOTENAI

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JUL 13 2009
IDWR/North

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Beneficial Use

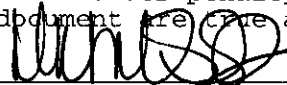
16. Signature(s)

(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: July 13, 09

Date: _____