

**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**

R E C E I V E D

MAR 05 2010

IDWR / NORTH

CIVIL CASE 49576

NUMBER:

Ident. 95-12030

Number:

Date 03/01/2010

Received:

Receipt No.:

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

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
03/01/2010		2611208	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
WHITE SPOONER TRUST	16522 GREEN VALLEY TRUCK TRAIL	RAMONA	CA	USA	92065

2. Date of Priority:

Date	Explanation
6/30/1977	House built in 1977. Don't know exact month.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	33	2			KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	domestic

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	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03W	33			KOOTENAI	2	-
DOMESTIC	50N	03W	33			KOOTENAI	2	-

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and u
you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudicator
to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 7

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that th
foregoing document are true and correct.

Signature of Claimant(s): James E. White 3-1-10
White Spooner Trust Karen A White 3/1/2010

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

_____ 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 correc

Signature of Authorized Agent _____

Title and Organization _____

Please print name