

**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: 95-9286
Date Received: 03/14/2010
Receipt No.: T090273**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
03/14/2010	T090273	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JAMES AND KAREN DUDDLESTEN	1728 W SWEDE BAY RD	COEUR D ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
9/5/1943	A second home was built on my grandparents property at 1676 W. Valhalla (separate parcel) the County lists the date as September 5, 1943. The spring systems and pipes were expanded to provide domestic water to the second house in that year.

3. Source:

Source	Tributary	Type
SPRING	TRIBUTARY UNKNOWN	
SPRING	TRIBUTARY UNKNOWN	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	04W	1		SW	SW	KOOTENAI
49N	04W	1		SW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Two springs and one reservoir to serve a sprinkler and domestic water

			system and fire suppression when the inside well water is not on and the house is not occupied.
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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	0.030	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	49N	04W	1	SW	SW	KOOTENAI	-	-
DOMESTIC	49N	04W	12	NW	NW	KOOTENAI	1	-

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