

**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: 94-7556
Date Received: 03/30/2010
Receipt No.: T090428**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
03/30/2010	T090428	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RALPH E. AND KATHERYN J. KAHN	13712 E. LAY LANE	MEDIMONT	ID	USA	83842

2. Date of Priority:

Date	Explanation
6/1/1992	This was the year we bought the property and began the building process. During those first two years of property ownership, our family camped on the property and made arrangements for the well to be dug. We used the water from the well while we were building our home. We have been using the well water for ourselves, our animals, and our lawn since we moved into the home.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	02W	33		SE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic use for a family of four. Also use water to irrigate the lawn and garden. Also use water for ten head of cattle, two pigs, and twelve chickens.

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	0.180	0.00	0.0

Totals:

CFS	AF	KW
0.180	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	02W	33	SE	NW	KOOTENAI	2	-
DOMESTIC	48N	02W	33	SW	NE	KOOTENAI	3	-

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