

5200

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 95-9003
Date Received: 7/29/2009
Receipt No: *ND 21586*
Received By: *cm*

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

1. Name of Claimant(s)

ATWOOD FAMILY TRUST
3180 E DODD
HAYDEN ID USA 83835

Phone: (208)772-6900

2. Date of Priority: 11/20/1998

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	03W	6	NE NE 1	KOOTENAI	

5. Description of diverting works:

WELL WITH PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.04	6

7. Total Quantity Appropriated is:
0.04 C.F.S. and/or 6 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
51N	03W	6	NE NE 1	IRRIGATION	2
Section Acres					2

Total Acres 2

11. Place of use in counties: KOOTENAI

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

13. Other Water Rights Used:

14. Remarks:

This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the lands above.

15. Basis of Claim: License

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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Trustee of ATWOOD FAMILY TRUST
Title Organization

that I have signed the foregoing document in the space below as

Trustee of ATWOOD FAMILY TRUST and that the
Title Organization

statements contained in the foregoing document are true and correct.

Nail G. Howard
Signature of Authorized Agent

Trustee - ATWOOD FAMILY TRUST
Title and Organization

7/29/09
Date