

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 95-11027
Date Received: 8/21/2009
Receipt No: NO21829 B
Received By: H.T.

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

1. Name of Claimant(s)

LUTHERHAVEN MINISTRIES
3258 W LUTHERHAVEN RD
COEUR D ALENE ID USA 83814

Phone: (208)667-3459

2. Date of Priority: 08/29/1945

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
49N	04W	11	NW SW 5	KOOTENAI	

5. Description of diverting works:

60 GPM PUMP IN 10 INCH WELL, 180 FT DEEP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
MUNICIPAL	01/01	12/31	0.14	

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

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	04W	10	SE NE	4	MUNICIPAL	
			NE SE		MUNICIPAL	
49N	04W	11	NW NW		MUNICIPAL	
			SW NW		MUNICIPAL	
			NW SW	5	MUNICIPAL	

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:

15. Basis of Claim: Beneficial Use SM

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

Director of Operations of Lutherhaven Ministries
Title Organization

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

Director of Operations of Lutherhaven Ministries and that the
Title Organization

statements contained in the foregoing document are true and correct.

Steve Meyer
Signature of Authorized Agent

Director of Operations Lutherhaven Ministries
Title and Organization

8/21/09
Date