

**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: 94-7591
Date Received: 06/15/2010
Receipt No.: T091183**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
06/15/2010	T091183	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RONALD AND MICHELLE WOOD	10825 SERVICE CREEK RD	CATALDO	ID	USA	83810

2. Date of Priority:

Date	Explanation
10/26/1948	Warranty Deed of my grandparents purchase of said property has this date. Houses and stock were already on the property prior to this purchase.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
GROUND WATER	TRIBUTARY NOT NEEDED	
SERVICE CREEK	FOURTH OF JULY CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	01W	15		NW	SW	KOOTENAI
49N	01W	15		NE	SW	KOOTENAI
49N	01W	15		NE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description

DOMESTIC	1	-					
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Horses</td><td>1 - 10</td></tr></table>	Type of Stock	Number of Stock	Horses	1 - 10	
Type of Stock	Number of Stock						
Horses	1 - 10						

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0
STOCKWATER	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	49N	01W	15	NW	SW	KOOTENAI	-	-
STOCKWATER	49N	01W	15	NE	SW	KOOTENAI	-	-

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