

**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 49576
NUMBER:
Ident. Number: 95-9504
Date Received: 08/02/2010
Receipt No.:**

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

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
08/02/2010		2887552	\$51.00

**RECEIVED
AUG - 9 2010
IDWR/NORTHERN**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MARK VELARDE	1237 NINTH ST	MANHATTAN BEACH	CA	USA	90266
HUGH HILTON	122 13TH STREET	MANHATTAN BEACH	CA	USA	90266

2. Date of Priority:

Date	Explanation
7/9/2008	This was the date provided to the owners of the property when they filed their application for a water rights permit and proof of beneficial use.

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	04W	13	2	SW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

~~irrigation~~ - delete "IRRIGATION"

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	5/1/10	11/1/10
DOMESTIC	1/1	12/31

← delete "IRRIGATION"

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	1.20	0.0
IRRIGATION	0.010	1.20	0.0

Totals:

CFS	AF	KW
0.040	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.0011

SEE
ATTACHED

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	04W	13	SW	NE	KOOTENAI	2	-

IRRIGATION	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011
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9. Basis of Claim:

Basis	WaterRight
License	95-9504

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: 1

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): [Signature] Date: 8/2/10
[Signature] Date: 8/2/10

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