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Claim Number:	95-12345
Claim Fee:	\$25.00
Claimant(s):	ROLAND WATSON
	P. O. BOX 1085
	COEUR D'ALENE , ID
	83816-1085
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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: 95-12345
Date Received: 4-22-10
Receipt No.: NO 24147

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROLAND WATSON	P. O. BOX 1085	COEUR D'ALENE	ID	USA	83816-1085

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IDWR / NORTH

2. Date of Priority:

Date	Explanation
11/27/1967	This is the date on the oldest Report of Well Drillers Filed with the IDWR on November 27, 1967.

3. Source:

Source	Tributary	Type
48N04W18NESW	48N04W18NESW	
48N04W18NENW	48N04W18NESW	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	18		NE	SW	
48N	04W	18		SW	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic

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	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	04W	18	NE	NW	KOOTENAI	-	-
DOMESTIC	48N	04W	18	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 ~~X~~ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

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): R. W. 1584 Date: 4-20-10
 _____ 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