

**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: 95-12590
Date Received: 6-2-10
Receipt No.: 2024812

RECEIVED
JUN -7 2010
IDWR/North

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHNNY STARLING	PO BOX 582	WEST COVINA	CA	USA	91793
DONNA DISTELRATH	PO BOX 582	WEST COVINA	CA	USA	91793

2. Date of Priority:

Date	Explanation
1/1/1994	I don't know exactly when the home was built, but I believe it was in 1994

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	20		NE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	This is our second home. We only use the water 4-5 weeks per year.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	6 / 1	8 / 1

7. Quantity:

SCANNED
JUN - 7 2010

Water Use	CFS	AF	KW
DOMESTIC	0.030	0.00	0.0

Totals:

CFS	AF	KW
0.030	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03W	20	NE	NE	KOOTENAI	-	-
DOMESTIC	50N	03W	20	SE	NE	KOOTENAI	-	-

9. Basis of Claim:

Basis

Beneficial Use

2nd HOME ONLY.
810 S. GROUSE MEADOW!
COEUR D'ALENE IDAHO
83814

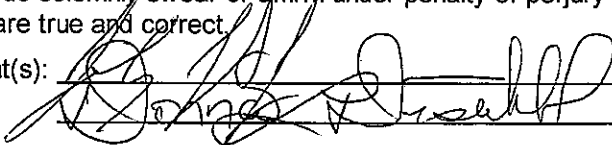
10. Signature(s):

(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: 2

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: 5-31-10Date: 5-31-10

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

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name

SCANNED
JUN - 7 2010