

**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: 95-12744
Date Received: 06/04/2010
Receipt No.: T091061**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
06/04/2010	T091061	\$52.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
NANCY AND OR ROY NEWTON	2760 WEST EVERWELL BAY LANE	COEUR D'ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
1/30/1926	This property is the old homestead created in the 1920's The water line and use was always in use since then.

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	11	3	SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	water pumped from lake to irrigate approximately two (2) acres of land. Pump on dock and pipe to land area beside lake and distributed with irrigation system.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.000	7.50	0.0

Totals:

CFS	AF	KW
0.000	7.50	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	2

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	49N	04W	11	NE	NW	KOOTENAI	-	1.2
IRRIGATION	49N	04W	11	NW	NW	KOOTENAI	-	0
IRRIGATION	49N	04W	11	SE	NW	KOOTENAI	3	4.9
IRRIGATION	49N	04W	11	SW	NW	KOOTENAI	-	0

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