

**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. 95-12640
Number:
Date
Received:
Receipt No.:**

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

RECEIVED

JUN - 1 2010

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GERALD & CONSUELO WEITZ	1224 SADDLE RIDGE ROAD	VIOLA	ID	USA	83872

2. Date of Priority:

Date	Explanation
7/1/1954	The Warren's built this cabin in 1954. We purchased from them in 1988. They established the water use when they built the cabin and we continue to use the existing system.

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	26	2	SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Household use and yard maintenance for one household

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	49N	04W	26	SE	NW	KOOTENAI	2	-

9. Basis of Claim:

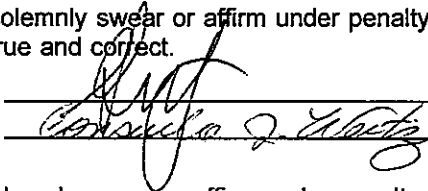
Basis
Beneficial Use

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: check enclosed

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: 5-28-2010
Carolina J. White Date: 5-28-2010

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

Print Claim Stub

Thank you for submitting your claim to IDWR.

If paying in person, please print this page and bring it with you.

If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.

Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

[Print This Page](#)

Claim Number:	95-12640
Claim Fee:	\$25.00
Claimant(s):	GERALD & CONSUELO WEITZ
	1224 SADDLE RIDGE ROAD
	VIOLA , ID
	83872
Claimed Purpose(s) of Use:	DOMESTIC

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