

**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. 95-09054
Number:
Date
Received: 9-3-10
Receipt No.: NO 25560**

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

RECEIVED

SEP - 3 2010

IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
THOMAS C FAULKNER	440 NW MARYLAND CT	PULLMAN	WA	USA	99163-3209

2. Date of Priority:

Date	Explanation
10/30/2000	

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	15	2	SW	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION <i>Domestic</i>	- /	-	Lawn Irrigation

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION <i>Domestic</i>	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.020	0.60	0.0

Totals:

CFS	AF	KW
0.020	0.60	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.2

Domestic

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	48N	04W	15	SW	SE	KOOTENAI	2	0.2

*Domestic***9. Basis of Claim:**

Basis	WaterRight
License	95-09054

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): *Theresa* Date: 9/2/10
 _____ 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 _____