

**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: 94-7705
Date Received: 9-10-10
Receipt No.: N 0 25617

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

RECEIVED
SEP 10 2010
IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MALCOLM MCCROSKEY	104 W. CENTERLINE RD	BAYVIEW	TX	USA	78566
LINDA SUE DICKERSON	P.O. BOX3506	SCOTTSDALE	AZ	USA	85261
SHARON ANN GRADWOHL	5716 E. ANDERSON DR.	SCOTTSDALE	AZ	USA	85254
JUDY LYNN MARLOW	3905 WENTWOOD DR.	DALLAS	TX	USA	75225

2. Date of Priority:

Date	Explanation
5/1/1970	cabin was built and put in use at this date

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
47N	03W	29	2			KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	domestic use

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	4 / 1	11 / 1

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.000	0.00	0.0

should be .02 in the Crocker

Totals:

CFS	AF	KW
0.000	0.00	

should be .02 in the Crocker

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	47N	03W	29	SW	NE	KOOTENAI	2	-

*parcel # 47N 03W 29 1700
FIN # 117321 per Kootenai
County Assessor*

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): Malcolm Mc Crocker Date: 9/6/10
 _____ 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