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IDWR/NORTHERN

Claim Number: 94-7037

Claim Fee: \$25.00

Claimant(s):

MICHAEL AND GRA FRAN BEARE FAMILY TRUST, U/A OCTOBER
27, 2000
20308 E. CANARY CREEK ROAD
CATALDO, ID
83810

Claimed Purpose(s) of Use: DOMESTIC

[Go to View History page](#)[Logout](#)**Office address and phone number:**

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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: 94-7037
Date Received:
Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL AND GRA FRAN BEARE FAMILY TRUST, U/A OCTOBER 27, 2000	20308 E. CANARY CREEK ROAD	CATALDO	ID	USA	83810

2. Date of Priority:

Date	Explanation
8/13/1973	Priority date claimed is based on Water Right License information on record with IDWR.

3. Source:

Source	Tributary	Type
UNNAMED STREAM	ROBINSON CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	01W	30		SW	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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	1.20	0.0

Totals:

CFS	AF	KW
0.040	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	01W	30	NW	SE	KOOTENAI	-	-
DOMESTIC	48N	01W	30	SW	SE	KOOTENAI	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-7037

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