

Run Well

**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: 94-7807
Date Received:
Receipt No.:**

Amended

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN FERGUSON	13656 S. TAMARACK RIDGE RD.	CATALDO	ID	USA	83810

2. Date of Priority:

Date	Explanation
6/24/1997	This is date well was completed and usage began.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03E	33		NE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION		-	Backup Irrigation to Gravity water permit No. 94-7096.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
IRRIGATION	4 / 1	11 / 30

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
IRRIGATION	0.030	0.00	0.0

Totals:

CFS	AF	KW
0.070	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	8.6

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	03E	28	SE	SW	SHOSHONE	-	-
DOMESTIC	52N	03E	28	SW	SE	SHOSHONE	-	-
DOMESTIC	52N	03E	28	SW	SW	SHOSHONE	-	-
DOMESTIC	52N	03E	28	SW	SW	SHOSHONE	-	-
DOMESTIC	52N	03E	33	NE	NW	SHOSHONE	-	-
DOMESTIC	52N	03E	33	NW	NE	SHOSHONE	-	-
DOMESTIC	52N	03E	33	NW	NW	SHOSHONE	-	-
DOMESTIC	52N	03E	33	SE	NW	SHOSHONE	-	-
DOMESTIC	52N	03E	33	SW	NE	SHOSHONE	-	-
DOMESTIC	52N	03E	33	SW	NW	SHOSHONE	-	-
IRRIGATION	52N	03E	33	NE	NW	SHOSHONE	-	8
IRRIGATION	52N	03E	33	NW	NW	SHOSHONE	-	0.6

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):

[Handwritten Signature]

Date: 10/8/10

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

Print Claim Stub

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
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Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number:	94-7807
Claim Fee:	\$59.00
Claimant(s):	JOHN FERGUSON
	13656 S. TAMARACK RIDGE RD. CATALDO , ID 83810
Claimed Purpose(s) of Use:	DOMESTIC IRRIGATION

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Office address and phone number:
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Coeur d'Alene, ID 83815