

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 94-2209
Date Received: 7/6/2010
Receipt No:
Received By: *NO25121* *MA* *D*

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

1. Name of Claimant(s)

FLOYD KLEIN Phone: (208)689-3431
14683 S KLEINS MEDICINE TRAIL
MEDIMONT ID USA 83842
OR
BEVERLY KLEIN Phone: (208)689-3431
14683 S KLEINS MEDICINE TRAIL
MEDIMONT ID USA 83842

2. Date of Priority: 05/27/1954

3. Source: MEDICINE LAKE Trib. to: COEUR D'ALENE RIVER

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
48N 02W 27 SW SE 5 KOOTENAI

5. Description of diverting works:

6. Water is used for the following purposes:
Purpose From To C.F.S. (or) A.F.A.
IRRIGATION 04/01 10/31 0.4 133

7. Total Quantity Appropriated is:
0.4 C.F.S. and/or 133 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:
Township Range Section 1/4 of 1/4 Lot Use Acres
48N 02W 27 SE SW 5 IRRIGATION 23
SW SE 5 IRRIGATION 8.1
Section Acres 31.1
Total Acres 31.1

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used: NONE

14. Remarks:

15. Basis of Claim: License

16. 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: 1

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): Beverly Klein Date: 7/6/10

Date: _____