

**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. Number: **92-07220**
Date Received: 11/19/2010
Receipt No.: NO-26286
 Lm

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
HAROLD FEE	1756 SHEPHERD ROAD	ST. MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
9/11/1995	September 11, 1995 is the priority date indicated on my Water Right License, Water Right No. 92-07220, issued by the State of Idaho, Department of Water Resources.

3. Source:

Source	Tributary	Type
ST JOE RIVER	COEUR D ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	02W	16	8	SW	SE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Water is used for domestic lawn and shrubs.

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 | 0.020 | 0.60 | 0.0

Totals:

CFS	AF	KW
0.020	0.60	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	02W	16	SW	SE	BENEWAH	8	-

9. Basis of Claim:

Basis	WaterRight
License	92-07220

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: - 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): *Carol A. Lee* Date: 11/19/10
Carol A. Lee Date: 11-19-2010

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