

**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: 93-7112
Date Received: 11/29/2010
Receipt No.:**

RECEIVED

NOV 29 2010

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

IDWR/NORTHERN

RECEIVED
NOV 29 2010
IDWR/NORTHERN
edm

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
11/29/2010		3089672	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GARY L. FRENCH	857 TYLER ROAD	PLUMMER	ID	USA	83851
JULIE B. FRENCH	857 TYLER ROAD	PLUMMER	ID	USA	83851

2. Date of Priority:

Date	Explanation
7/25/2007	WELL DRILLERS REPORT D0053730 SHOWS WELL COMPLETED JULY 25, 2007. HOME VISIBLE ON PROPERTY IN 2006 ARCMAP IMAGE.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	05W	30		SW	NE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	WELL TAG D0053730. PIN RP45N05W301220A.

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	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	45N	05W	30	SW	NE	BENEWAH	-	-

9. Basis of Claim:

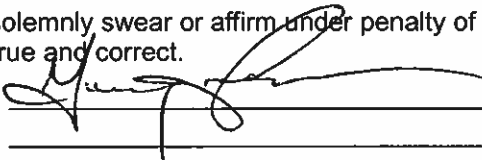
Basis
Beneficial Use

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: 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):  Date: 11-29-11
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