

RECEIVED

DEC 08 2010

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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: 91-7246

Date Received: 12/8/2010

Receipt No.: CO 92198

\$25-

SR7

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GAIL P ANDERSON	1543 HEIMARK CT	CLARKSTON	WA	USA	99403
BETH A ANDERSON	1543 HEIMARK CT	CLARKSTON	WA	USA	99403

2. Date of Priority:

Date	Explanation
5/1/1999	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	01E	20		NE	SW	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Recreational property used for camping with 3 RV hookups.

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	46N	01E	20	NE	SW	BENEWAH	-	-
DOMESTIC	46N	01E	20	NE	SW	BENEWAH	6	-
DOMESTIC	46N	01E	20	SE	NW	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: _____

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): *Keith P. Anderson* Date: 12-8-10

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____
Organization

that I have signed the foregoing document in the space below as

Title of _____
Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____