

**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: 95-13854
Date Received:
Receipt No.: N 26304

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DONALD MCCA W	7210 S CANADIAN WAY	HARRISON	ID	USA	83833
CHRISTINE MCCA W	7210 S CANADIAN WAY	HARRISON	ID	USA	83833

2. Date of Priority:

Date	Explanation
9/1/1976	Well was drilled prior to this time and we moved in then.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	03W	11		NE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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	1.20	0.0

Totals:

CFS	AF	KW

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0.040	1.20	
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8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	03W	11	NE	SW	KOOTENAI	-	-
~~DOMESTIC~~	~~49N~~	~~03W~~	~~11~~	~~NW~~	~~SW~~	~~KOOTENAI~~	~~10~~	~~-~~
~~DOMESTIC~~	~~49N~~	~~03W~~	~~11~~	~~SE~~	~~NW~~	~~KOOTENAI~~	~~8~~	~~-~~
~~DOMESTIC~~	~~49N~~	~~03W~~	~~11~~	~~SE~~	~~SW~~	~~KOOTENAI~~	~~-~~	~~-~~
~~DOMESTIC~~	~~49N~~	~~03W~~	~~11~~	~~SW~~	~~NW~~	~~KOOTENAI~~	~~9~~	~~-~~
~~DOMESTIC~~	~~49N~~	~~03W~~	~~11~~	~~SW~~	~~SW~~	~~KOOTENAI~~	~~11~~	~~-~~

DM

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): Ronald McLaw Date: 11/01/30-2010
Christine McLaw Date: 11-30-10

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

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