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NO 26493

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Claim Number: 91-7261
Claim Fee: \$25.00
Claimant(s): SUSAN HALL
141 SUSIE DR.
ST. MARIES, ID
83861
Claimed Purpose(s) of Use: DOMESTIC

RECEIVED
JAN 24 2011
IDWR/NORTHERN

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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: 91-7261

Date Received: 1-24-11

Receipt No.:

RECEIVED

N 026493 JAN 24 2011

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

IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SUSAN HALL	141 SUSIE DR.	ST. MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
1/1/2010	This is the date the well was first used for domestic water supply to the Hall's residence which was newly constructed.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

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

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic use within the house and yard and landscaping watering

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	02W	8	NE	SE	BENEWAH	-	-
DOMESTIC	46N	02W	8	NW	SE	BENEWAH	-	-
DOMESTIC	46N	02W	8	SE	NE	BENEWAH	-	-
DOMESTIC	46N	02W	8	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: - (filed online)

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): Susan Hall Date: 1-21-11
 _____ 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