

**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: 93-7129
Date Received: 02/03/2011
Receipt No.: 2m
NO26535 A

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JIM D. COMBS	2520 FOX ROAD	TENSED	ID	USA	83870
BARBARA J. COMBS	2520 FOX ROAD	TENSED	ID	USA	83870

2. Date of Priority:

Date	Explanation
~~9/21/1999~~	8-29-88/1995 JDC

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

well 93-95-N-1 completed 8-29-1995
Replace by D0010574
JDC

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
44N	04W	16		SE	SW	BENEWAH

N. 47° 08' 58.1
W. 116° 50' 48.0 GPS well
JDC

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

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1	-		
STOCKWATER	-	Type of Stock	Number of Stock	
		Mixed Stock	11 - 25	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
STOCKWATER	0.020	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	44N	04W	16	SE	SW	BENEWAH	-	-
STOCKWATER	44N	04W	16	SE	SW	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):

Jimmy D. Combs
Barbara J. Combs

Date: 2-3-11

Date: 2-3-11

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