

**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: 91-7276
Date Received: 02/08/2011
Receipt No.: NO26552C *dm*

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DIANDA LIVING TRUST	4764 HELLS GULCH ROAD	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
6/1/1953	YEAR 1953 IS VISIBLE IN CONCRETE OF RESIDENCE ON PROPERTY. I BELIEVE LIVESTOCK HAVE BEEN ON PROPERTY SINCE THIS DATE.

3. Source:

Source	Tributary	Type
SPRING	THOMAS CREEK	
SPRING	THOMAS CREEK	
SPRING	THOMAS CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	02W	1		SW	NW	BENEWAH
46N	02W	1		SW	NW	BENEWAH
46N	02W	1		SW	NW	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	HORSES, CATTLE AND SHEEP HAVE USED SPRINGS.
		Mixed Stock	101 - 200	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day

STOCKWATER	1 / 1	12 / 31
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7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.050	0.00	0.0

Totals:

CFS	AF	KW
0.050	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	46N	02W	1	SW	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: 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): Albert E. Dianda Date: 2-8-2011
 _____ 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