

**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: 91-7278
Date Received: 02/16/2011 *dm*
Receipt No.: N026610A

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
H. DALE DIMICO	99 BUTLER DRIVE	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
8/17/1981	WELL 92-81-N-7 COMPLETED 8-10-91 WAS CONNECTED WITHIN A WEEK AND IN USE TO WATER LAWN AND FOR OTHER DOMESTIC AND STOCKWATER USES. WELL COORDINATES -116 36 274 N 27 20 103.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	02W	16		SW	NW	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1	-		
STOCKWATER	-			HORSES AND CATTLE
		Type of Stock	Number of Stock	
		Mixed Stock	1 - 10	

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	46N	02W	16	SW	NW	BENEWAH	-	-
STOCKWATER	46N	02W	16	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: _____

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):  Date: 2-16-17
 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