

**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: 93-7138
Date Received: 02/23/2011
Receipt No.: 1021137

N 026637 Am

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FLOYD A. HARVEY	P O BOX 43	TENSED	ID	USA	83870
FAITH A. HARVEY	P O BOX 43	TENSED	ID	USA	83870

Date	Explanation
1/1/1943	PRIOR OWNER, STU DORHMAN, IS GRANDSON OF ORIGINAL BUILDER OF THE HOME ON THE PROPERTY. GEORGE DORHMAN DUG THE HAND DUG WELL FOR THE PROPERTY. STU DORMAN INFORMED US OF THE 1943 DATE WHEN WE ACQUIRED THE PROPERTY.

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

Township	Range	Section	Gov Lot	QQ	Q	County
44N	05W	14		SW	NE	BENEWAH

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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

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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	44N	05W	14	NW	NE	BENEWAH	-	-
DOMESTIC	44N	05W	14	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: _____

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): Edward G. Harnsey Jr. Date: 2-23-11
Faith A. Harnsey Date: 2-23-11

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