

Print Claim Stub

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.

Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

RECEIVED

FEB 23 2011

IDWR/NORTHERN

Print This Page

Claim Number: 93-7135

Claim Fee: \$51.00

Claimant(s): JIM D. COMBS

2520 FOX ROAD

TENSED, ID

83870

BARBARA COMBS

2520 FOX ROAD

TENSED, ID

83870

Claimed Purpose(s) of Use: DOMESTIC

DOMESTIC FROM STORAGE

DOMESTIC STORAGE

RECREATION STORAGE

STOCKWATER

STOCKWATER FROM STORAGE

STOCKWATER STORAGE

[Go to View History page](#)

[Logout](#)

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 NUMBER: 49576
Ident. Number: 93-7135
Date Received: 2-23-11
Receipt No.: NO 26634

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

RECEIVED

FEB 23 2011

IDWR/NORTHERN

1. Name of Claimant(s):

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

2. Date of Priority:

Date	Explanation
12/31/1950	

3. Source:

Source	Tributary	Type
POND	UNNAMED STREAM	

4. Point Of Diversion:

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

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

Water Use	Number Of Homes	Stock		Description				
DOMESTIC	1	-						
DOMESTIC FROM STORAGE	1	-						
DOMESTIC STORAGE	1	-						
RECREATION STORAGE	-	-						
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Mixed Stock</td><td>11 - 25</td></tr></table>		Type of Stock	Number of Stock	Mixed Stock	11 - 25	
Type of Stock	Number of Stock							
Mixed Stock	11 - 25							
STOCKWATER FROM STORAGE	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Mixed Stock</td><td>11 - 25</td></tr></table>		Type of Stock	Number of Stock	Mixed Stock	11 - 25	
Type of Stock	Number of Stock							
Mixed Stock	11 - 25							

STOCKWATER STORAGE		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
DOMESTIC FROM STORAGE	1 / 1	12 / 31
DOMESTIC STORAGE	1 / 1	12 / 31
RECREATION STORAGE	1 / 1	12 / 31
STOCKWATER	1 / 1	12 / 31
STOCKWATER FROM STORAGE	1 / 1	12 / 31
STOCKWATER STORAGE	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
DOMESTIC FROM STORAGE	0.000	1.20	0.0
DOMESTIC STORAGE	0.000	4.50	0.0
RECREATION STORAGE	0.000	4.50	0.0
STOCKWATER	0.020	0.00	0.0
STOCKWATER FROM STORAGE	0.000	0.40	0.0
STOCKWATER STORAGE	0.000	4.80	0.0

Totals:

CFS	AF	KW
0.040	6.40	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	44N	04W	16	SE	SW	BENEWAH	-	-
DOMESTIC FROM STORAGE	44N	04W	16	SE	SW	BENEWAH	-	-
DOMESTIC STORAGE	44N	04W	16	SE	SW	BENEWAH	-	-
RECREATION STORAGE	44N	04W	16	SE	SW	BENEWAH	-	-
STOCKWATER	44N	04W	16	SE	SW	BENEWAH	-	-
STOCKWATER FROM STORAGE	44N	04W	16	SE	SW	BENEWAH	-	-
STOCKWATER STORAGE	44N	04W	16	SE	SW	BENEWAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

(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.

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.

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