

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 95-9523
Date Received: 9/18/2009
Receipt No: NO22184
Received By: *lll* B

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

1. Name of Claimant(s)

YVONNE SATCHWELL Phone: (208)773-4605
9374 N GREENSFERRY RD
POST FALLS ID USA 83854

2. Date of Priority: 12/13/1961

3. Source: GROUND WATER , Trib. to: ,

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	05W	24	NW NW	KOOTENAI	
51N	05W	24	SW NW	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.33	

7. Total Quantity Appropriated is:
0.33 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
51N	05W	24	NE NW	IRRIGATION	37
			NW NW	IRRIGATION	25
			SW NW	IRRIGATION	40
			SE NW	IRRIGATION	35
			NW SW	IRRIGATION	38
				Section Acres	175
				Total Acres	175

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

This right authorizes the irrigation of 24.0 total acres.

Right Nos. 95-9523 and 95-7801 are limited to the irrigation of a combined total of 175.0 acres in a single irrigation season.

15. Basis of Claim: License

16. 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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

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): Therese Satchell Date: 9-18-09

Date: _____