

**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 **49576**
NUMBER:
Ident. Number: ~~95-1001~~
 95-14138
Date Received: **06/11/2010**
Receipt No.: **T091154**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
06/11/2010	T091154	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
STEPHEN KOWALSKI	5901 S GREENSFERRY RD	COEUR D ALENE	ID	USA	83814-7171

2. Date of Priority:

Date	Explanation
6/1/1969	Date of original water right filing and purchase of land

3. Source:

Source	Tributary	Type
UNNAMED STREAM	COUGAR CREEK	
UNNAMED STREAM	COUGAR CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	05W	25		NW	NW	KOOTENAI
50N	05W	25		NE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	
		Cattle	1 - 10	

		Horses	1 - 10	
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6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.20	0.0

Totals:

CFS	AF	KW
0.020	0.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	50N	05W	25	NE	NW	KOOTENAI	-	-
STOCKWATER	50N	05W	25	NW	NW	KOOTENAI	-	-

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: _____
 _____ 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