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**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: 91-7301
Date Received: 04/07/2011 *cfm*
Receipt No.: N026888

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GEORGE W. BOGGS	30748 ST JOE RIVER RD	CALDER	ID	USA	83808
PATRICIA A. BOGGS	30748 ST JOE RIVER RD	CALDER	ID	USA	83808

2. Date of Priority:

Date	Explanation
9/18/1992	AVISTA UTILITIES HAS INFORMED US THAT THEY INSTALLED A NEW WATER METER FOR THE PUMP THAT SERVES OUR WELL ON SEPTEMBER 18, 1992.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	03E	10	7	SW	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	300 FT DEEP WELL ORIGINAL DRILLED FOR A SCHOOL DISTRICT IN 1950s BUT NEVER PLACED INTO SERVICE. PUMP INSTALLED ON SEP 18, 1992 BY CURRENT OWNERS AND PLACED INTO SERVICE FOR 1 HOME.

6. Season(s) of Use:

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	45N	03E	10	SW	NE	SHOSHONE	7	-

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

Number of attachments: 2

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): Patricia a Boggs Date: 4/7/11
George W. Boggs Date: 4/7/11

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

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