

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: 95-14370
Date Received: 4-7-11
Receipt No.: N026884

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BOBBY & BETTY SWALLOWS	227 BEVERLY HILLS ROAD	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
1/1/1989	Tax assessor said the house was there at this time.

RECEIVED

APR - 7 2011

IDWR/NORTHERN

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	03W	14		NE	NE	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic

6. Season(s) of Use:

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

7. Quantity:

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	46N	03W	14	NE	NE	BENEWAH	-	-
DOMESTIC	46N	03W	14	SE	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: 1

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): Bobby J. Sullivan Date: 4/4/11
Betty M. Sullivan Date: 4-4-11

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

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.

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Claim Number:	95-14370
Claim Fee:	\$25.00
Claimant(s):	BOBBY & BETTY SWALLOWS
	227 BEVERLY HILLS ROAD
	ST MARIES , ID
	83861
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:

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7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800