

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 95-12202
Date Received: 3/18/2010
Receipt No: No 24008
Received By: *[Signature]*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

TOM MAGNUS Phone: 509-844-3911
3543 N WYATT RD
COEUR D ALENE ID USA 83815

OR

CHARLEE MAGNUS Phone: (208)964-3632
3543 N WYATT RD
COEUR D ALENE ID USA 83815

RECEIVED

APR 06 2010

IDWR / NORTH

2. Date of Priority: 12/31/1992

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
50N 03W 6 SW SE KOOTENAI

5. Description of diverting works:

6. Water is used for the following purposes:
Purpose From To C.F.S. (or) A.F.A.
STOCKWATER 01/01 12/31 0.02
DOMESTIC 01/01 12/31 0.04

7. Total Quantity Appropriated is:
0.04 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
50N 03W 6 SW SE DOMESTIC
NW SE STOCKWATER
SW SE STOCKWATER

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: NONE

14. Remarks:

15. Basis of Claim: Beneficial Use

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: Zero

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): Charles Magnus

Date: 3/18/2010

Date: _____