

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 95-8657
Date Received: 5/25/2010
Receipt No: NO24495
Received By: *Ch*

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

1. Name of Claimant(s)

JOHN GRIFFIN Phone: (208)667-4095
MARINE RT
MICA BAY
COEUR D ALENE ID USA 83814
OR
CAROLINE GRIFFIN Phone: (208)667-4095
MARINE RT
MICA BAY
COEUR D ALENE ID USA 83814

2. Date of Priority: 06/14/1990

3. Source: COEUR D ALENE LAKE Trib. to: SPOKANE RIVER

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
49N 04W 16 NE NE 1 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 0.01 1.5

7. Total Quantity Appropriated is:
0.01 C.F.S. and/or 1.5 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:
Township Range Section 1/4 of 1/4 Lot Use Acres
49N 04W 16 NE NE 1 IRRIGATION 0.5
Section Acres 0.5
Total Acres 0.5

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:

This right when combined with all other rights shall provide no more than .03 cfs per acre nor more than 3.0 afa per acre for irrigation of the lands above.

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): John Guffer

Date: 5-25-10

Date: _____