

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 95-12612  
Date Received: 5/26/2010  
Receipt No: N024574  
Received By: *mm*

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

RECEIVED  
MAY 28 2010  
IDWR/North

1. Name of Claimant(s)

GLEN A CLONINGER  
1919 E PINECREST RD  
SPOKANE WA USA 99203

Phone: (509)533-9451

2. Date of Priority: 05/01/1932

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   | 15      | NW NW 4               | KOOTENAI |      |

5. Description of diverting works:

PUMP TO PIPELINE

6. Water is used for the following purposes:

| Purpose  | From  | To    | C.F.S. | (or) A.F.A |
|----------|-------|-------|--------|------------|
| 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:

Number of homes: 1

10. Place of use:

| Township | Range | Section | 1/4 of 1/4 | Lot | Use      | Acres |
|----------|-------|---------|------------|-----|----------|-------|
| 49N      | 04W   | 15      | NW NW      | 4   | DOMESTIC |       |

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:

14. Remarks:

15. Basis of Claim: Beneficial Use

16. Signature(s)

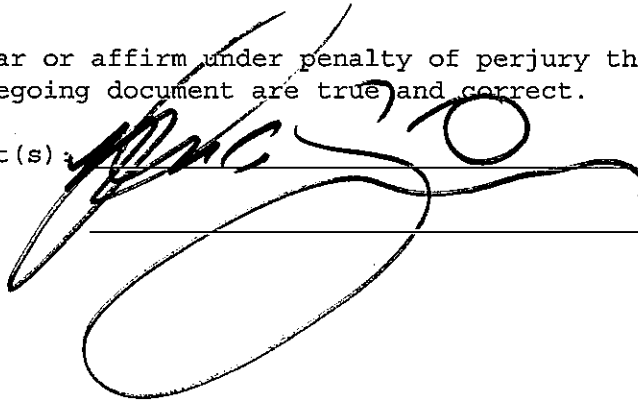
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do \_\_\_\_\_ do not \_\_\_\_\_ wish to receive and pay a small annual fee for monthly copies of the docket 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: 5-26-2010

Date: \_\_\_\_\_