

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 95-2085
Date Received: 12/16/2009
Receipt No: NO23112
Received By:  A

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

OR ANITA PIELAET Phone: (208) 773-2668
DAVE PIELAET
4160 S STATELINE RD
POST FALLS ID USA 83854

2. Date of Priority: 09/12/1949

3. Source: CABLE CREEK Trib. to: SPOKANE RIVER

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
50N 06W 25 SW NW 2 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	0.22	33
IRRIGATION STORAGE	01/01	12/31		36
IRRIGATION FROM STORAGE	03/15	11/15		33
DIVERSION TO STORAGE	01/01	12/31	0.3	

7. Total Quantity Appropriated is:
0.3 C.F.S. and/or 36 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
50N	06W	25	NE	NW	IRRIGATION	4
			NW	NW	1	2.7
			SW	NW	2	4.1
			SE	NW	IRRIGATION	0.2
			SW	NW	2	IRRIGATION STORAGE
			NE	NW	IRRIGATION FROM STORAGE	4
			NW	NW	1	IRRIGATION FROM STORAGE
			SW	NW	2	IRRIGATION FROM STORAGE
			SE	NW	IRRIGATION FROM STORAGE	0.2
Section Acres						11
Total Acres						11

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:

Right includes accomplished change in purpose of use pursuant to Section 42-1425, Idaho Code.

Right includes accomplished change in place of use pursuant to Section 42-1425, Idaho Code.

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):

Cherita Pellant

Date:

12/16/09

Date: _____