

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 95-11653
Date Received: 12/17/2009
Receipt No: NO 23156
Received By: *ew*

RECEIVED

DEC 28 2009

IDWR/North

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)

KRISTINE J CAREY LIVING TRUST
6592 N VALLEY ST
DALTON GARDENS ID USA 83815

Phone: (208) 773-3202

2. Date of Priority: 09/12/2006

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	06W	25	NE NW	KOOTENAI	

5. Description of diverting works:

6 IN WITH SUBMERSIBLE PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A.
DOMESTIC	01/01	12/31	0.07	

7. Total Quantity Appropriated is:

0.07 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 2

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	06W	25	NE	NW	DOMESTIC	
			NW	NW	DOMESTIC	1

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:

TAG NUMBER ON WELL MATCHES ATTACHED DRILLER'S REPORT

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: 0

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

TRUSTEE of KRISTINE CAREY LIVING TRUST,
Title Organization

that I have signed the foregoing document in the space below as

TRUSTEE of KRISTINE CAREY LIVING TRUST

and that the statements contained in the foregoing document are true and correct.

Kristine Carey
Signature of Authorized Agent

TRUSTEE, KRISTINE CAREY LIVING TRUST
Title and Organization

12-24-09
Date