

**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: 91-7317

Date Received: 04/29/2011 *lrm*

Receipt No.: N027021

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ANDREW J. PORTER	678 SHEPHERD RD	ST MARIES	ID	USA	83861
SALLY M. PORTER	678 SHEPHERD RD	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
11/12/1900	LAND PATENT. SEE ATTACHED.

3. Source:

Source	Tributary	Type
SPRING	SINKS	
SPRING	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	02E	6	5	NE	NW	SHOSHONE
45N	02E	6	5	NE	NW	SHOSHONE

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock		Description				
DOMESTIC	1	-						
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Mixed Stock</td><td>11 - 25</td></tr></table>	Type of Stock	Number of Stock	Mixed Stock	11 - 25	SPRINGS USED FOR OLD POST OFFICE ON PROPERTY AND ORIGINAL HOMESTEAD. MIXED STOCK UP TO 50 HEAD.	
Type of Stock	Number of Stock							
Mixed Stock	11 - 25							

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
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DOMESTIC	1 / 1	12 / 31
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.060	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	45N	02E	6	NE	NW	SHOSHONE	5	-
STOCKWATER	45N	02E	6	NE	NW	SHOSHONE	5	-

9. Basis of Claim:

Basis
Beneficial Use

10. 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: 2

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): *Cyndee J. Porter* Date: 4-29-11
Sally M. Porter Date: 4-29-11

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

_____ of _____
 Title Organization

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

_____ of _____
 Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name