

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 95-1041
Date Received: 6/2/2010
Receipt No: NO FEE
Received By: A.T.

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
JUN 18 2010
IDWR/NORTH

1. Name of Claimant(s)

PHILLIP R BLINN
PO BOX 652
PRIEST RIVER ID USA 83856

Phone: (509)447-4542

2. Date of Priority: 06/01/1911

3. Source: SPRINGS , SPRINGS , SPRINGS Trib. to: SINKS , SINKS , SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 Lot	County	Type
50N	05W	25	NW	SE	3	KOOTENAI	
50N	05W	25	SE	SE	4	KOOTENAI	
50N	05W	25	NE	SE	3	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	1/01	12/31	0.02	0.7

7. Total Quantity Appropriated is:
0.02 C.F.S. and/or 0.7 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	05W	25	NE	SE	3	STOCKWATER
			NW	SE		STOCKWATER
			SE	SE	4	STOCKWATER

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: Decreed

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): Phil G. Blum Date: 6-14-16

Date: _____