

**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: 95-9696
Date Received: 05/11/2011
Receipt No.: N027110

dm

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVID H. VIG	2303 BAYVIEW RD	ATHOL	ID	USA	83801
PATRICIA A. VIG	2303 BAYVIEW RD	ATHOL	ID	USA	83801

2. Date of Priority:

Date	Explanation
2/7/1954	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	02W	30		SW	NE	BONNER
54N	02W	30		SW	NE	BONNER

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 31
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
IRRIGATION	0.180	0.00	0.0

Totals:

CFS	AF	KW
0.180	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	30

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	54N	02W	30	SW	NE	BONNER	-	-
IRRIGATION	54N	02W	30	NW	NE	BONNER	-	8.8
IRRIGATION	54N	02W	30	SE	NE	BONNER	-	0.1
IRRIGATION	54N	02W	30	SW	NE	BONNER	-	19

9. Basis of Claim:

Basis	WaterRight
License	95-9696

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: One

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): *David H. Day* Date: 5-11-11
Patricia Day Date: 5/11/11

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