

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:

91-7394

Date Received:

6-1-11

Receipt No.:

N027400

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JUN - 1 2011

IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVID CRANER	PO BOX 505	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
10/15/2006	This was when the well was drilled and we began construction of our home on this property.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	02W	9		NE	SW	BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Single family (2 of us) home with limited irrigation of landscaping.

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	02W	9	NE	SW	BENEWAH	-	-

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: NONE

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 L Cramer Date: 5-27-11
 _____ Date: _____

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